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CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH

SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER HAROLD M. COHEN, C.B.E., M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1958



CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

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PRINCIPAL SCHOOL MEDICAL OFFICER HAROLD M. COHEN, C.B.E., M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1958

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SPECIAL SERVICES SUB-COMMITTEE

Mr. Alderman J. Wood (Chairman of the Education Committee)

Councillor Mrs. F. M. Smallwood (Chairman)

MR. ALDERMAN G. C. BARROW, M.A., LL.B. MR. COUNCILLOR S. E. DAWES COUNCILLOR MRS. W. O. EASEY COUNCILLOR MRS. D. M. FISHER COUNCILLOR MRS. A. M. JOHNSON MR. COUNCILLOR T. PATON COUNCILLOR MRS. H. L. RADFORD COUNCILLOR MRS. S. A. SMITH

MR. COUNCILLOR F. R. STRAIN
MRS. H. CAVENAGH, B.Sc., D.P.A., J.P.
MISS J. DAVID
MRS. P. H. JONES
T. T. LOCKIE, ESQ.
A. L. MCCULLOCH, ESQ.
DR. M. L. KELLMER PRINGLE, B.A.

Chief Education Officer: E. L. Russell, C.B.E., M.A.

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

Maurice E. Lemin, M.B., Ch.B.

ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER

PHILIP R. KEMP, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS

GERALD FRASER SMITH, M.R.C.S., L.R.C.P. (Retired 17.7.58)

DOROTHY M. BEAUMONT, M.B., Ch.B.

ELSE A. D'AMIAN, M.D. (Heidelb.), L.R.C.P., L.R.C.S.

JOYCE B. MOLE, M.B., Ch.B., D.C.H. BERYL W. MARSON, M.B., Ch.B., D.C.H.

WILLIAM H. S. McGregor, M.R.C.S., L.R.C.P.

JEAN CUMMING, M.B., Ch.B. (Resigned 31.8.58)

JOAN I. BUCHANAN, M.B., Ch.B.

CHARLES R. A. MARTIN, M.B., B.S., L.R.C.P.,

M.R.C.S., D.P.H., Barrister-at-Law M. Elspeth Seaton, M.B., B.Ch., B.A.O.

PHILIP H. SEATON, M.B., B.Ch., B.A.O. NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S.,

Natalie M. Johnston, L.R.C.P., L.R.C.S., D.P.H.

ARNOLD SHAW, M.B., B.S. (Resigned 30.4.58) CLEON WHITE, M.B., Ch.B. (Resigned 31.1.58)

PATRICIA E. V. McFarland, M.B., Ch.B., L.M., D.P.H. L.R.C.P.

MARY S. MARTIN, M.B., Ch.B.

CHRISTINA GLYNN, M.R.C.S., L.C.R.P.

(Appointed 1.3.58)

BARBARA S. M. MARSHALL, M.B., Ch.B.

(Appointed 1.6.58)

GERTRUDE I. L. VILLIERS, M.B., B.Ch.,

B.A.O.

(Appointed 1.6.58)
PATRICK B. CARVILL, L.R.C.P. and S.I.

JOSEPH J. DEVINE, M.B., B.Ch., B.A.O., C.P.H., D.C.H. (Resigned 31.3.58)

M.R.C.S., L.R.C.P.

MICHAEL D. H. MYHILL, M.A., B.M., B.Ch.,

JOHN S. LILLICRAP, M.B., B.S., M.R.C.S.,

(Appointed 1.7.58)
AUDREY M. WALKER, M.B., Ch.B.

(Appointed 13.10.58)

DOROTHY M. BOISEN, M.B., Ch.B. (Appointed 20.10.58)

Susan O'Connell, M.B., B.Ch., B.A.O. (Appointed 17.11.58)

PRINCIPAL SCHOOL DENTAL OFFICER

DONALD GLEN THOMSON, T.D., L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS

CLIFFORD J. BAKER, L.D.S.

HARRY A. COHEN, L.D.S. HUGH LINN, L.D.S.R.C.S.

CYRIL R. FODEN, L.D.S.

Marjorie Cook, L.D.S.

WILLIAM A. BARTON, L.D.S.R.C.S.

ALFRED WIJEYEKOON, L.D.S. (Retired 17.9.58)

DAVID N. MORTIMER, L.D.S.

ERNEST A. K. BAIRD, L.D.S.R.F.P.S.

NEVILLE A. ROBERTS, L.D.S., B.D.S. GERTRUDE M. LEAHY, L.R.C.P.S.I., L.M., L.A.H., L.D.S.

Bella Broch, M.D. (Vienna)

DOROTHY FERRISS, L.D.S. (Resigned 28.2.58)

DAVID A. BAKER, L.D.S.

SAMUEL D. NEALE, L.D.S. (Resigned 31.12.58)

ALFRED TOMANEK, M.D. (Appointed 6.1.58)

PART-TIME SCHOOL DENTAL OFFICERS

Who gave service during the year

STANLEY H. I. BASSETT, L.D.S.R.F.P.S. (Resigned 31.5.58)

DAVID B. BOWLES, L.D.S. (Resigned 25.2.58) RASMA J. BREIKS, D.D.D. (Appointed 30.9.58)

THOMAS M. BYRNE, B.D.S. (Appointed 21.10.58) JOHN M. DAVIS, B.D.S. (Appointed 19.11.58) MARIAN GREENSTONE, L.D.S.

KENNETH J. GRIFFITHS, L.S.D.R.C.S.

(Appointed 1.7.58)

EDITH KETTLE, L.D.S.

GERALD H. KETTLE, L.D.S., H.D.D., R.F.D.S.

(Resigned 31.1.58)

WILLIAM LUDFORD, L.D.S.

JOHN C. McCarthy, L.D.S., B.D.S.

LEONARD ORTON, B.D.S. (Appointed 14.4.58, Resigned 30.6.58)

TERENCE A. PODESTA, B.D.S.

Freda M. E. Renwick, B.D.S. Brian E. Teall, L.D.S.

PATRICIA E. THOMAS, L.D.S.R.C.S. (Appointed 12.5.58)

O. R. C. VAN ROEY, B.D.S.

(Appointed 16.1.58, Resigned 26.4.58)

PETER M. WAKELAM, B D.S.

(Appointed 28.7.58, Resigned 31.8.58)

MARY V. WALTHAM, L.D.S. PHILIP A. WITHERS, L.D.S.

During the year 20 Part-time Dental Officers appointed on a sessional basis, gave service equivalent to 3.78 full-time officers.

CHILD GUIDANCE SERVICE

Senior Educational Psychologist: W. J. BANNON, M.A., Ed.B.

Senior Consultant Psychiatrist: †*CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Consultant Psychiatrists:

†*JAMES A. CRAWFORD, L.R.C.P. and S., L.R.F.P. and S., D.P.M. †*Jeanne E. Stirratt, M.B., Ch.B., D.P.M.

Educational Psychologists:

ENID M. JOHN, M.Sc. EDNA HOWARD, B.A. HECTOR J. SANTS, B.A. JOHANNA E. REINER, Ph.D. (Vienna)

Psychiatric Social Workers:

Doreen Hosking

*Alice Haas, Ph.D. (Munich)

GWENDOLIN M. JENNISON

ESTELLE CAUDELL (Resigned 31.3.58)

*Norman C. Caudell, B.Conim. (Resigned 31.3.58) HELEN M. BARTLETT, B.A. (Appointed 1.10.58)

MYRTLE CHESTERTON, B.Comm. (Appointed 6.10.58)

Social Workers:

VALERIE H. BURRELL (Resigned 31.3.58)

Part-time Psychotherapist:

*Mrs. B. J. Oxford, M.A. (Appointed 13.1.58)

Remedial Teachers:

MISS N. LOWE, B.A.

MRS. B. SINGER (Resigned 30.4.58)

MRS. G. KIRTLEY (Resigned 31.3.58)

MR. R. S. HARDING (Appointed 1.6.58)

Mr. K. A. HACK (Appointed 1.9.58) Mr. E. J. Queen (Appointed 1.9.58)

MRS. M. J. NEWTON (Appointed 1.9.58)

Part-time Teacher of Remedial Eurhythmics: MRS. J. MADDERS

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section:

HERBERT W. ARCHER-HALL, M.R.C.S., L.R.C.P., D.O.

MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S.

Also Visiting Ophthalmic Surgeon to Schools for the Partially Sighted) JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.

SAMUEL ACHESON, M.B., B.Ch., B.A.O. (Deceased 27.5.58)

BENJAMIN C. CURWOOD, O.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S. LOTHAR MARX, M.B., Ch.B.

STUART W. K. NORRIS, B.Comm., M.R.C.S., L.R.C.P., D.O. NORA WALKINSHAW, M.B., B.S.

VERA M. VODDEN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O. (Appointed 4.12.58)

Orthopaedic Section:

Francis G. Allan, M.B., B.S., F.R.C.S., L.R.C.P.
T. S. Donovan, M.B., Ch.B., F.R.C.S.
(Visiting Orthopaedic Surgeon to the Schools for the Physically Handicapped)

Ear, Nose and Throat Section:

NORMAN L. CRABTREE, F.R.C.S., D.L.O. (Also Visiting Aural Surgeon to the Schools for the Deaf)

Asthma Section:

†J. Morrison Smith, M.B., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

Visiting Physician to Baskerville School: William C. Smallwood, M.B., Ch.B., F.R.C.P., M.R.C.S.

Orthodontic Section:

A. J. Walpole Day, B.D.S., H.D.D. Norman Norris, B.D.S. Vera K. Stanley, L.D.S.

Anaesthetists:

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P. DOROTHY TAYLOR SHEWRING, M.B., Ch.B. MARY M. TUDOR, M.B., Ch.B., B.A.O.

OLGA MULLER, M.D.

OLGA MULLER, M.D.

MAY I. T. GRANT, M.B., Ch.B., D.P.H. (Deceased 9.1.58)

DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P.

JOHN BUNTING, T.D., M.B., F.R.C.S.I.

EDITH M. STOCKWIN, M.B., Ch.B., D.P.H.

ENID M. MACKINTOSH, M.B., B.S.

NORMAN B. CRISP, M.B., Ch.B.

NORMAN B. CRISP, M.B., Ch.B.
EMILY L. BROWN, M.B., Ch.B.
FREDERICK D. GRIFFITHS, M.B., Ch.B., M.R.C.S., L.R.C.P.
GWENIVER W. KNIGHT, M.B., Ch.B. (Appointed 15.4.58)

Physiotherapists:

MAUREEN WALLS, S.R.N., M.C.S.P.
MADELEINE M. WILLIAMS, C.S.P., S.O.N.A.
FLORENCE L. STODDARD, S.R.N., M.C.S.P.
NORA M. LUCAS, M.C.S.P.
GERALDINE D. GIBBONS, M.C.S.P.
ELIZABETH M. BROWN, M.C.S.P.
PATRICIA M. EVANS, M.C.S.P.
*BERYL L. MASSEY, M.C.S.P.
DOROTHY M. HAZELWOOD, M.C.S.P.

ALICE S. POTTER, M.C.S.P. (Appointed 1.3.58, Resigned 31.7.58) (5 vacancies at the end of the year)

Chiropodist:

*HAROLD WILDBORE, M.Ch.S.

Remedial Gymnasts:

Marion J. Parsons William Collins

Senior Speech Therapist: EILEEN S. SPRAYSON, L.C.S.T.

Speech Therapists:

SHEILA M. KALRA, L.C.S.T.

JENNIFER M. BECKETT, L.C.S.T.

HEATHER SHILTON, L.C.S.T. (Resigned 30.6.58)

ANNE E. WALSH, L.C.S.T. (Resigned 31.8.58)

SHEILA M. WILKINSON, L.C.S.T. (Resigned 30.11.58)

SUSAN M. N. WILLIAMS, L.C.S.T. (Resigned 31.8.58)

JANET GORE, L.C.S.T. (Resigned 31.7.58)

ELIZABETH A. GOODALL, L.C.S.T.

JENNIFER A. W. WARNER, L.C.S.T.
BARBARA J. LYMN, L.C.S.T.
SHIRLEY A. BAKER, L.C.S.T. (Appointed 8.9.58)
BARBARA A. LOVELL, L.C.S.T. (Appointed 16.9.58)

Senior Dental Technician:

PERCY ALDRED, A.I.B.S.T. (Appointed 8.9.58)

Dental Technician:

PATRICK R. POOLE (Appointed 15.9.58)

SCHOOL NURSING STAFF

Superintendent School Nurse: DOROTHY A. ASHBY, S.R.N., H.V. Cert.

Deputy Superintendent School Nurse:

A. WINIFRED ASHWORTH, S.R.N., S.C.M., H.V. Cert.

School Nurses						63			
Nurses in Nursery Schools						5			
Nursing Assistants						17			
(10 vacancies for School Nurses)									
(8 vacancies for Nursing Assistants)									
`		Ų		1					

OTHED STAFE

	OIH	Er	SIAI	C.C.		
Matron at Martineau H	House				 	1
Matron at Wake Green					 	1
Nurses in Special Scho	ols:					
Residential					 	5
Day					 	5
State Enrolled Assistan	t Nurses	in	Special	Schools:		
Residential					 	1
Day						
Dental Attendants					 	29

SCHOOL HEALTH SERVICE, 102 Edmund Street, Birmingham, 3. (Telephone: CENtral 7000).

^{*} Part-time Officers.

[†] Appointed by Regional Hospital Board.

SUMMARY OF WORK — 1958

	30,	MIMIMICI	OI W	OICE	193	10	
SCH	OOL MEDICAL OFFICERS	AT SCHOOL	s:				Attend-
	Visits to Schools — 3,3	47				Children	ance
	Routine Inspections —						
	Primary and Secon	ndary Mod	ern Sch	nools		55,031	
	Secondary Gramm					3,251	
	Special Schools .					894	
	Nursery Schools as				• •	2,010	
	Selected Cases —	ilu Classes	• •	• •	• •	2,010	
						2 110	
	Special Inspections			• •	• •	3,118	
	Re-inspections .	• • •	• •	• •	• •	7,691	
SCH	OOL MEDICAL OFFICERS	AT SCHOOL	CLINIA	~ 6 •			
JCII	Special Inspections .					20,410	
					• •		
	Re-inspections		• •	• •	• •	17,158	
OPF	ITHALMIC CLINICS:						
	Number of spectacles p	rescribed b	v the C	Ophtha	lmic		
	Surgeons		-	_		4,734	6,495
	ourgeons	• • •	••	• •	• •	1,75	0,475
Aur	AL CLINIC:						
	Number examined by t	the Aural S	urgeor	ı		1,041	
	Number of mastoid dre					82	2010
	Number of other aural			• •		2,166	2,960
	Number of audiograms				•	712)	
	ivanioer of addrograms	,	• •	• •	• •	/ 12/	
ORT	THOPAEDIC CLINICS:						
	Number examined by	the Orthop	aedic S	urgeor	1	170	44 000
	Number treated by the					4,706	41,822
Сні	LD GUIDANCE CLINICS .		_			714	
	ECH THERAPY CLINICS .					1,429	
	RA-VIOLET RAY TREATM		• •	• •	• •	1,848	
					• •	44,615	70,264
	TAL CLINICS					696	4,479
	CHODONTIC CLINIC .		• •	• •	• •		
Ast	HMA CLINIC		• •	• •	• •	324	3,537
Scr	ool Nurses and/or Nu	TREINIC A CCI	er a sire				
SCH						367,731	
	Examinations of Children	en for One			• •		
	Vision Tests		• •	• •	• •	65,116	
	Home Visits		• •	• •	• •	4,382	
Стт	ROPODY CLINIC					257	1,130
CHI	ROPODY CLINIC		• •	• •	• •	23,	_,
		CITY OF	BIRM	IINGH	HAM		
		Genera	L INFOI	RMATIO			
Pop	ulation (Estimated) .					1,095,000	
					51	,147 acres	
Der	nsity of population .		, .		2	1.41 persons	per acre
Rat	ceable Value (at 1.4.58)				£1	7,158,995	
Fd	ication Rate				~-	90.39d.	
	n 1					C +0 =00	
Dei	norwand Sacon Jane Cal	oole (includ	ing NI	rsery S			
PIII	nary and Secondary Scho					479	
		1 (183,316	
	Number on Rolls at er	nd of year		• •	• •	105,510	
Spe	cial Schools:					27	
	Number of Schools					27	
	Average number on R	olls				2,954	

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

For the Year ended 31st December, 1958

To the Chairman and Members of the Education Committee.

I have the honour to present for your consideration a report on the School Health Service for the year ended 31st December, 1958.

I have pleasure in stating early in this letter that the findings of the school medical officers suggest that in general the health of the Birmingham school child is very good. Yet although the percentage of children who were found to be in an unsatisfactory condition is comparatively small, it is of the utmost importance to supervise these children more carefully. Certain features are emerging and possible factors which may be responsible for the conditions are carefully considered. Briefly it may be said that environmental conditions and food fads appear to have an important share in causing these children to be sub-standard. Late hours and over-crowding are main factors unfavourable to their health and educational progress. Again children do not thrive if they are emotionally disturbed and social problems and instability in the homes may be the cause of ill health of the children who are considered unsatisfactory.

I have discussed previously the presence of the 'chesty child'. This condition may be due to a variety of causes; it is giving rise to deep concern and has recently been the subject of conferences held under the auspices of The Chest and Heart Association. In Glasgow the subject-title was 'The Catarrhal Child' and in London 'The Chesty

Child'

The improvement of the children who are classified as unsatisfactory depends principally on ascertaining the cause which often presents difficulties. In a number of the children, it is agreed that attendance at an open-air school, day or residential, is of great help. It is a pleasure to report therefore, that 'Skilts' Residential Open-air School for 45 junior boys and girls was opened on 5th November, 1958, but more places are still urgently required.

Sections in the report have been contributed, as usual by various members of the service, indicating the varied aspects of the work

being undertaken.

A full account of the excellent work of the school dental service is given by the Principal School Dental Officer. Although the personnel still falls short of establishment, fortunately there has been a slight improvement in the average number of dental officers in post. It is a cause for concern, however, that 30 per cent. of appointments are not kept for extraction sessions.

The Assistant Principal School Medical Officer gives an interesting account of the medical work undertaken for handicapped children. During the year Dr. Mole gave an increasing number of sessions to

work in this department.

Developments in the work of the school nursing service are described by the Superintendent School Nurse. Their completion, however, has been held up because of the difficulties in filling vacancies in the service for reasons beyond local control.

Mr. Allan, the Orthopaedic Surgeon, in his account, calls attention

to the harm done by certain types of girls' footwear.

Dr. Burns, from his wealth of experience, gives a philosophical

account of child guidance which will have a wide appeal.

Professor D. V. Hubble contributes the account on the Institute of Child Health. He succeeded Professor J. M. Smellie who retired from the Chair of Paediatrics and Child Health during the year. It is a pleasure to acknowledge the help and interest extended by Professor Smellie to the School Health Service. We welcome Professor D. V. Hubble who has already made pleasant contacts with the service.

A halt must be called however, for there are so many sections

which deserve careful study.

The school clinic in Harborne Lane was closed on the 4th November. The new clinic to take its place opened the next day, for consultations and treatment, at Albert Road, Harborne. A description of the clinic is given in the report.

At Maas Road and Slade Road Clinics improvements for the better reception of parents and registration of children were completed during the year. After alterations to the U.V.R. treatment room at Maas Road Clinic, it was possible to instal a 'Centrosol' Lamp.

In September the new dental laboratory which had been built to connect with the Sheep Street Clinic was opened. At the same clinic an additional dental surgery was fitted up during the year. A new dental surgery was built at the Stratford Road Clinic and opened on the 29th September, 1958. An old dental surgery at this clinic has been modernized. Plans were approved at the end of the year for an additional dental surgery to be built at the Maas Road Clinic.

At Harvey Road, South Yardley, the new school clinic is nearing

completion.

In September, 1958, increased accommodation for speech therapy was provided, through the co-operation of the Health Committee, at the Maternity and Child Welfare Clinic, 58 Lea Hall Road.

At Cropwood School, Mr. Paul Cadbury following his parent's generosity, provided a paddling pool, sand garden and hockey pitch. During the year two new classrooms were completed at Uffculme School, and the building of new practical rooms at Marsh Hill was begun.

Improvements in the playground at Astley Hall School, including the provision of a paddling pool through the "Keep Bequest," were

completed.

At St. Francis School, a domestic subjects room was opened, and work began on the remodelling of the children's dormitories and the building of accommodation for residential staff.

There were further improvements in the furnishing of the residen-

tial schools.

The new building to replace the Pinsent School at Holly Bank,

Billesley, has made good progress.

It is good to report that the new school at Wood End Lane, Erdington, to replace the Grantham Yorke School has been included in the 1959-60 main Educational Building Programme. I mention this advisedly in view of the history of the school which I gave in

last year's jubilee Report.

At the two schools for the deaf, rooms have been equipped with loop induction amplifiers and microphones. It is broadly true to say that with this equipment the children are living all the time in a world of which sound is a feature; this is of the greatest importance in the development of natural speech. Furthermore, the children are fully mobile. They are not tied to headphones, or cut off if they leave them as with conventional group hearing aids.

The Committee agreed during the year to provide splinter-proof lenses where the ophthalmologist is of the opinion that they are

necessary in the child's interest.

The provision of heaters in the buses which convey children to and from the Victoria and Wilson Stuart Schools for the Physically Handicapped were approved during the year. In this connection and as a tail-piece to last year's jubilee Report, a reproduction is included this year of the horse-drawn ambulance which conveyed the physically handicapped children over fifty years ago.

The West Midlands Advisory Council on Special Educational Treatment continues to function actively. There was a meeting in Birmingham in July, 1958, and some of the subjects discussed are

mentioned in the report.

The ceremony of the official opening of the Braidwood, Priestley Smith and Wilson Stuart Special Schools took place on the 29th March, 1958. Sir Frederick Messer, C.B.E., J.P., M.P., who has done so much to help the handicapped, declared the schools open in a felicitous speech. The occasion will remain long in our memories; it was fairly said that the opening of these three schools marked a major

step forward in the development of special schools planned by the Education Committee.

Mention is made in the report of the changes during the year amongst various members of the staff. I would like to mention more particularly the retirement of Dr. G. Fraser-Smith, School Medical Officer, Mr. A. Wijeyekoon, School Dental Officer and Miss E. M. Davies, School Nurse. They gave loyal and conscientious service for many years. Mr. D. A. May also retired during the year and I would like to take this opportunity of thanking him for the excellent help he gave me on the administrative side. It was indeed a pleasure to work with so loyal a colleague.

I very much regret to report that Dr. Mary Grant, anaesthetist, died in January 1958. Dr. Grant was appointed in November 1948 and gave the Committee loyal and conscientious service. She was a skilful anaesthetist and her loss is felt keenly by her dental colleagues.

Finally it is a pleasure to acknowledge warmly the support and interest of the Chairman and Members of the Committee in the welfare of the children, to thank Mr. Russell, the Chief Education Officer, for his consideration and assistance, the staff of the various departments for their help in the preparation of the report, Dr. Burn, the Medical Officer of Health, for his help and for the account of the work undertaken by his department, the teachers for their ready cooperation, and the members of the School Health Service for their continued loyalty and co-operation.

H. M. COHEN.

SCHOOL CLINICS

			W	ORK UN	DERTAKE	Num	ber of Se	essions po	r week)	
School Clinic	Number of Schools	Minor Ailments and Inspec- tion	Refrac- tion	Dental	Ortho- paedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Ortho- dontic	Chi- ropody
Aldridge Road, Great Barr	21	4	1/2	10	10	2				
Albert Road, Aston	32	4	2	10		5				
Albert Road, Harborne	29	4	1 ½	10	5	3				
Benacre Street, Balsall Heath	33	4	1 ½	20	10	4				
Church Lane, Kitts Green	38	4	1	19	5	3				
Great Charles Street	35	4	5	17			2			
Soho Hill, Handsworth	37	4	11/2	10		3		10		
Harborne Lane, Selly Oak	46	4	1 ½	10		3				
Maas Road, Northfield	34	4	2	10	5	3				
Sheep Street, Gosta Green	39	4	1 ½	7	10	4			5	3
Stratford Road, Sparkhill	43	4	1	10	10	4				
Slade Road, Erdington	34	4	1	8		3	-			
Warren Farm Road, Kingstanding	25	4	1/2	18						
Warstock Lane, King's Heath	34	4	1	10	10	2				
Yardley Green Road, Little Bromwich	55	4	3	11		2				
Friends' Institute Moseley Road								10		
Dame Elizabeth H'se, Stechford								20		
Congregational Hall, Brackenbury Road, Erdington								10		
280 Birchfield Road								20		
29 George Road								20		
455 Yardley Wood Rd.								20		

CHILD GUIDANCE CHNICS: 29 GEORGE ROAD, BIRMINGHAM, 15, 280 BIRCHHIELD ROAD, BIRMINGHAM, 20 and 455 YARDLEY WOOD ROAD, KING'S HEATH.

The figures under the heading "Work Undertaken" indicates the number of sessions usually held. The figure is not constant, however, and varies according to the demand of the particular forms of treatment concerned.

A total of seven medical officers were appointed during the year, Dr. Christina Glynu in March, Drs. Gertrude I. L. Villiers and Barbara S. Marshall in June, Dr. P. B. Carvill in July, Drs. Audrey M. Walker and Dorothy M. Boisen in October and Dr. Susan O'Connell in November. These new appointments were partly offset by five resignations. Dr. C. White resigned in January, Dr. J. J. Devine in March, Dr. A. Shaw in April, Dr. J. Cumming in August and Dr. G. H. Fraser Smith retired in July after almost twenty-nine years of loyal service to the Committee.

One full-time dental officer, Dr. A. Tomanck, took up duty in January and three dental officers left the service during the year. Mrs. D. E. Ferriss resigned in February, Mr. S. D. Neale in December and Mr. A. V. Wijeyekoon retired in July. Mr. Wijeyekoon liad served the Committee conscientously for thirteen years. A number of part-time dental officers were also appointed during the year.

Dr. G. W. Knight joined the panel of anaesthetists during April, and it is painful to report the death of Dr. M. I. T. Grant in January.

In the Child Guidance Service Miss H. M. Bartlett and Miss M. Chesterton commenced duty as Psychiatric Social Workers in October thus filling the gap left by the resignations of Mrs. E. Caudell and Mr. N. C. Caudell who left the service in March. In addition to these changes, Mrs. V. H. Burrell, Social Worker, resigned in June and Mrs. B. J. Oxford was appointed as part-time Psychotherapist in January. Mrs. G. Kirtley and Mrs. B. Singer, Remedial Teachers, resigned in March and April respectively and four were appointed during the year, Mr. R. S. Harding in June and Mr. E. J. Queen, Mr. K. A. Hack and Mrs. M. J. Newton in September.

Dr. V. M. Vodden was appointed part-time Ophthalmic Surgeon in December, but the Service suffered an unexpected loss in May by the death of Dr. S. Acheson who had served as part-time Ophthalmic Surgeon since 1949. Reference was made to his excellent qualities

in last year's report.

One physiotherapist, Miss A. S. Potter, was appointed in March,

but resigned her appointment in July.

Five Speech Therapists left the service during the year, Miss H. Shilton in June, Miss J. Gore in July, Miss A. E. Walsh and Miss S. M. N. Williams in August and Miss S. M. Wilkinson in November. Two Speech Therapists were appointed in September, Miss B. A. Lovell to replace Miss J. Gore and Miss S. A. Baker to fill a vacancy.

In September, the new dental laboratory at Sheep Street was opened with the appointment of Mr. P. Aldred, Senior Dental Tech-

nician and Mr. P. R. Poole, Dental Technician.

A number of changes occurred amongst the nursing staff and dental attendants. Miss E. M. Davies who had given competent service for thirty-three years as a School Nurse retired in September.

CO-ORDINATION

The interchange of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

The Ear, Nose and Throat Consultant employed by the Education Committee acts in an advisory capacity for such children as it might be necessary to refer to him from the Audiology Clinic. The Committee agreed to allow a teacher from one of the schools for the deaf to attend the Audiology Clinic at the Children's Hospital on one day a week and one of the Head Teachers to attend periodically, to give advice on future educational needs.

The arrangements for the removal of tonsils and adenoids at Dudley Road Hospital have continued in accordance with the agreement with the Regional Hospitals Board.

The school medical officers take part in the scheme for supplying the Ministry of Health, through the Medical Officer of Health, with early information regarding winter epidemics of influenza and similar diseases. The school medical officers are well placed to obtain early information as to the occurrence, incidence and severity of influenza among school children and to give an indication of the beginning of any increase and to trace its spread over the city.

MEDICAL INSPECTION

In accordance with the decision taken under the School Health Service Regulations, 1953, the following arrangements are made for the medical inspection of pupils:

- (a) As soon as possible after entry into the Infants' School.
- (b) In the early part of the last year in the Primary School.
- (c) In the early part of the 14th year in Secondary Modern Schools; or in the early part of the 15th year and again within a year of leaving, in Grammar Schools.

Children who may need to be kept under observation for any defects found at the intermediate examination are seen either at the school clinic or when they arrive at the Secondary Modern or Grammar School at the next visit of the medical officer. In this way they are followed up regularly.

The main statistics on medical inspection will be found on pages 100 to 104 and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children in the various age groups:

Year of Birth		Percentage	Year of Birth	Percentage
1954 and later	 	97.0	1946	 89.5
1953	 	96.5	1945	 77.5
1952	 	95.6	1944	 63.5
1951	 	95.0	1943 and earlier	 51.8
1950	 	91.8		
1949	 	85.4		
1948	 	93.8	Average	 81.2
1947	 	90.2		

The number of defects found to require treatment at these periodic examinations was 20,004 whilst in addition a further 17,113 were referred for medical supervision.

Children previously found to have defects are also examined (re-inspections).

In addition, other children are presented as "specials" for examination by the school medical officers.

PHYSICAL CONDITION

Classification under the heading "Physical Condition" on the School Medical Record.

As recommended by the Minister several years ago, the finding for the heading "Physical Condition" consists of a summing up of the medical officer's opinion of the child's physical fitness. Only two categories are considered necessary, i.e., "Satisfactory" and "Unsatisfactory." The reason for having two categories only is a practical one—it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances, so that he can be helped as far as possible.

The relevant findings for the year under review are given below according to the new classification.

		Physical Condition of Pupils Inspected							
Age Groups Number of		SATIS	FACTORY	Unsatisfactory					
Inspected (By Year of Birth)	Pupils Inspected	Number	% of Column 2	Number	% of Column 2				
(1)	(2)	(3)	(4)	(5)	(6)				
1954 and later 1953 1952 1951 1950 1949 1948 1947 1946 1945 1945 1944 1943 and earlier .	6,777 6,132 2,894 622 425 3,661 11,189 4,611 620 4,031	1,778 6,535 5,930 2,796 593 410 3,605 10,816 4,471 605 3,943 12,668	97.05 96.43 96.70 96.61 95.34 96.47 98.47 96.66 96.96 97.58 97.81 97.43	54 242 202 98 29 15 56 373 140 15 88 334	2.95 3.57 3.29 3.39 4.66 3.53 1.53 3.34 3.04 2.42 2.19 2.57				
TOTAL	55 706	54,150	97.05	1,646	2.95				

It is not possible to compare these findings closely with those of the previous year, as the official tables are new for this year and vary in some respects from the tables for the previous year.

In general it can be said that the condition of the children examined

has been maintained satisfactorily.

Yet it must be mentioned again that the grouping is arbitrary and the assessments by the medical officers are made on a subjective basis. So whilst the grouping cannot be regarded as a strictly accurate measure, for example the medical officer's standard might be influenced by that of the locality or particular school, it is reasonable to assume that the general impression of the doctor, following the careful clinical examinations, gives a reasonable indication of the child's physical condition.

SCHOOL BUILDING

During the year the policy of improving the standards of the older schools has continued although seriously limited by the Ministry of Education's financial restrictions, and the following schemes were approved:

Additional accommodation at 11 schools, improvements to sanitary and staff room accommodation at 5 schools, improvements at 1 controlled school and 251 other items of minor improvement work including 28 items at Further Education Establishment, Special Schools and Clinics.

Building of new schools in accordance with the Committee's Building Programme has continued and at the end of the year 14 new schools had been opened, 14 were under construction and the building of a further one had been authorized but work had not been commenced.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, health and development of children born between 3rd and 9th March, 1946, was continued during the year. This investigation is being sponsored by the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee. The Special Services Branch of the Ministry of Education have been closely associated in the planning of the enquiry.

The following relates to the Survey in the Annual Report of

the Population Investigation Committee:

"During the past year, another major report on the survey was published — Children Under Five,' by J. W. B. Douglas and J. M. Blomfield, which appeared in April. The report covers the first five years of life of the 5,400 children in the survey, dealing with such questions as morbidity in relation to housing conditions and maternal efficiency; the use of the medical services; working mothers; broken homes; and the health, growth and development of premature children. In addition, the Joint Committee have completed the collection of information on the primary school period and on the secondary school selection procedure. The 11 plus examination results have been obtained for more than 96 per cent. of the survey children living in Britain. This material is now being analysed in conjunction with the data collected at earlier stages of the inquiry.

As the general follow-up survey proceeds, the increasing wealth of material provides the basis for additional special inquiries, some of which are now being undertaken. One of these is a study of the

internal migration of survey families.

Another special study, now being initiated, is that of the social concomitants of maladjustment among the survey children. The Medical Research Council have agreed to support this study, on which Dr. J. Tizard of the Social Psychiatry Research Unit, the Maudsley Hospital, is acting as consultant, and the Home Office will help in the collection of information on delinquency."

There are in all, some 145 children in Birmingham in the survey, of whom 101 are children who had been under constant observation

and 44 are children in the control group.

Tributes must be paid to the work of the school nurses who have done so much to keep the children in the survey at a high level, by maintaining the interest of the parents and getting their continued co-operation. The committee also appreciate the valuable help given by the teachers.

SCHOOL MEALS SERVICE

The value of school meals in promoting the health of children

and its importance as an educational and social measure have been

discussed in previous reports.

Co-operation continues between the Medical Officer of Health, the Principal School Medical Officer, the Head Teacher, the Meals Organization and the staff of the kitchens. Furthermore in addition to the general inspection by the school doctor, the Principal and Deputy Principal School Medical Officer pay special visits in connection with the hygienic conditions in the kitchen and make recommendations where necessary for the improvement of the school canteen.

The Principal School Medical Officer is regularly consulted over the health of the canteen workers.

It is of some interest to note the recent trends in the Birmingham school meals service.

For some years past it has been the policy for many school kitchens to provide two, three or even four different menus each day, i.e., according to the number of meals served in any particular kitchen. This policy has many advantages. Not only is it easier for everything to be prepared and cooked on the day on which it is served, but more attention can be given to the various dishes. This again affords a choice of dishes if desired: there is always a choice of second vegetable, and for the older age groups, often a choice in either of the main or sweet course.

More recently, however, further experiments have been carried out to break even further away from the original methods of large scale catering, particularly in the cooking of vegetables, sauces and gravies.

Kitchens, are therefore, being equipped with more top boiling tables and ranges, and in some instances a rotapan has been found very useful to replace at least one steaming oven. In this way, food can be cooked in small quantities, which reduces cooking time, and adds greatly to its palatability and nutritive value.

It is interesting to note that canteen staffs prefer these newer methods, and they find it a great advantage not to have to use and

clean large heavy equipment.

DINNERS SUPPLIED TO CHILDREN JANUARY — DECEMBER 1958

	Free	Part-Paid	Paid	Total
	Dinners	Dinners	Dinners	Dinners
Nurscry	15,223	168	313,296	328,687
Primary	759,961	17,403	5,316,841	6,094,205
Secondary Modern	299,128	6,609	2,312,089	2,617,826
Comprehensive	6,553		238,013	244,566
Grammar and Technical	37,859	1,615	2,046,569	2,086,043
Special Schools	31,300	180	301,143	332,623
	1,150,024	25,975	10,527,951	11,703,950

DAILY NUMBER OF CHILDREN HAVING DINNERS 1958

					Secondary	Primary
January		 	 		26,540	33,480
February		 	 		25,219	33,957
March		 	 		24,713	34,024
April		 	 		24,828	34,686
May		 	 		23,941	34,908
June		 	 		22,585	34,532
- ·		 	 		20,860	33,660
Septembe	r	 	 		30,088	31,818
		 	 		31,131	33,000
Novembe		 	 		30,020	32,485
December		 	 	• •	29,870	32,126

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

		Normal	Holiday	Percentage
		Meals	Meals	
Easter (April)	 	 59,514	1,541	2.6
Whitsuntide (May)	 	 58,849	1,433	2.4
August (September)	 	 61,906	1,239	2.0
Christmas (December)	 	 61,996	1,154	1.8

Number of children eligible for free meals at December 1958 was 6,921. The number for December 1957 was 7,940. The number for December 1956 was 6,485 and for December 1955 was 5,801.

MILK IN SCHOOLS SCHEME

Number of children taking milk (as per return to Ministry of Education) on a given day in October 1958:

160,663

Percentage 87.68

EXAMINATION OF CANTEEN STAFF

During the year 367 employees of the School Meals Service have been examined for admission to the Corporation Sickness and Accident Allowance Scheme.

MINOR AILMENTS AND INSPECTION CLINICS

The purpose and scope of these clinics have been described in previous reports. It is of some importance to repeat, however, that whilst the majority of children attend for treatment of minor ailments, nevertheless the parents are highly appreciative of being able to consult the medical officer over the widest aspects of the childrens' health.

There have been 80,916 attendances during 1958.

Scabies

75 cases were treated compared with 65 last year. It is gratifying to note that the numbers are remaining low, and it is interesting to

follow the decline from 1949 when there were 599 cases to 207, 147, 149, 68, 96, 68 and 72, for the years 1950, 1951, 1952, 1953, 1954, 1955 and 1956.

Ringworm of the Scalp

There has been a rise in the number of cases "treated by the authority," from 10 to 12, compared with the previous year. This does not give a true picture of the incidence however.

Ringworm of the Body

The numbers treated this year were 57 compared with 37 treated last year.

Diseases of the Skin

Whilst there has been a welcome drop in the number of cases of impetigo treated during the year, there has been a slight increase in other skin diseases.

ALBERT ROAD SCHOOL CLINIC, HARBORNE

The building for this new clinic was completed during the year, and it opened on 5th November. This replaces the clinic which has been held in the temporary school building in Harborne Lane since 1926. Consideration had been given to the new housing estates which had grown up in Bartley Green and Quinton, and the site was chosen to serve these areas more adequately.

The architects, Messrs. Surman, Kelly and Surman, have kindly

given some interesting notes on the building.

"Situated about 80 yards from Harborne High Street, the clinic

enjoys a pleasant little site facing south-west across Albert Road.

The site falls away from the road but this disadvantage has been compensated by the handsome line of mature lime trees that border the frontage.

Between this line of trees openings have been made to a car park and staff entrance and by a paved footpath access is obtained to the waiting hall, a spacious room looking out over the paved forecourt,

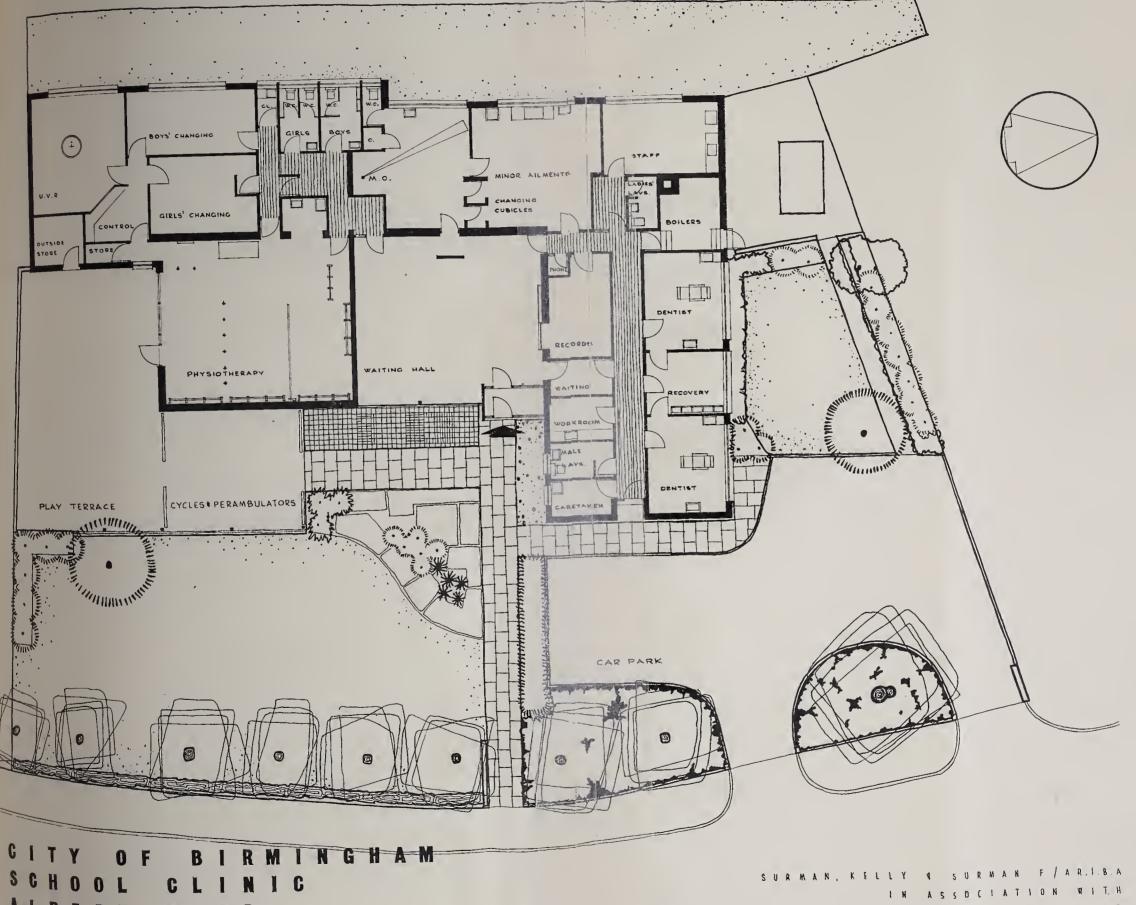
lawn and trees adjoining the road.

The interesting features of the hall are the enquiry counter administered from the records room and a plaque spelling out "Harborne School Clinic" in delicate Chinese characters — a relic left by a Chinese Architectural Assistant from Singapore, employed in the design of the clinic.

Around this waiting hall the accommodation is divided into three

sections, namely, dental, medical treatment and physiotherapy.

To the two dental surgeries access is obtained through a small waiting room decorated with a lively wallpaper depicting the building of the pyramids and controlled through a glazed panel in the wall of the records room. These dental surgeries are en suite with a recovery



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ALBERT ROAD, HARBORNE, SCHOOL CLINIC



room and enable patients to make a discreet departure if necessary,

through the staff entrance.

Leading directly off the waiting hall is the medical officer's room equipped with eye testing apparatus, cupboard and private toilet. The medical officer's room communicates with a fully appointed treatment room which in turn has access to the waiting hall via the corridor that leads to the staff entrance.

The third section, physiotherapy and U.V.R. treatment, is accessible from the waiting hall through a lobby serving the toilets and changing rooms. The changing rooms are so arranged that easy and controlled access is obtained to the physiotherapy room and via the control room to the U.V.R. room.

The physiotherapy room is fully equipped and has access to a paved area where remedial exercise may be taken screened from the road and adjoining property by a brick wall and a timber screen which forms an integral part of the cycle/pram park, conveniently sited near to the main entrance.

In planning, great attention was paid to the positioning of all fittings and furniture and to the supervision of all departments. A comprehensive call system for the medical officer and dental surgeries was installed together with a cloakroom and comfortable staff room appointed with electric cooker, sink unit, cupboards and easy chairs.

As regards the decorations, the main emphasis has been given to the ceilings which in most instances are brightly coloured and are shown up by the pale grey walls and polished hardwood doors. A further contrast is given by the tiled floors, mainly in black and white,

grey and white, or dark brown."

A few extra notes will help to describe the building. The medical officer's consulting room has a small cabinet which can be used as a dark room, opening off so that the room can also be used for refraction work.

Ultra violet ray treatment is accommodated in a room large enough for the installation of a "Centrosol" lamp. Four "Radisil" radiant heaters have also been fixed in this room.

REPORT BY SCHOOL MEDICAL OFFICER

Dr. Dorothy M. Beaumont reports:-

"The great event of 1958 was the transference of the clinic from Harborne Lane (to which I moved from the Fashoda Road premises in 1926) originally a temporary school and then a temporary clinic for thirty-one years, to a beautiful new contemporary building in the quiet residential Albert Road in Harborne.

It is a great relief to be able to work in a room away from the constant noise of heavy traffic and to have the new amenities provided. A physiotherapist on the spot is very welcome and increases the

efficiency of our preventive medicine, but four sessions a week are insufficient to cover the volume of work. Some children need to attend twice a week and at present this is quite impossible as there is a long waiting list of cases. Cubicles for dressing and undressing save time.

The parents are all thrilled and make suitable comments.

Dr. Boisen has joined the staff and it is good to have a congenial colleague with whom we can discuss problems on the occasions when we can meet. Also that one hopes to be able to catch up with P.M.I.'s and do more following up in schools.

Autumn of 1958 brought an increase in cases of upper respiratory catarrh and an unusual number of these had temporary catarrhal deafness. These cases were followed up and if deafness continued, were referred to the Aural Surgeon either at the hospital or the clinic.

Seborrhoea

- 1. Seborrhoea capitis: I have discussed this with the nurses and assistant nurse and they agreed that approximately 70 per cent. of children have this in varying degrees. It appears to increase with age and is more severe in the teenage group. It occurs with both greasy and dry hair.
- 2. In addition to the seborrhoea capitis, seborrhoea infection of the cyclashes, face, chest and back can frequently be seen in all age groups. I have treated a number of these children, so much so now that when I see the blepharitis or infection of chest, I immediately look at the scalp and invariably find the seborrhoea condition present there.

A secondary infection is formed on the face, chests and backs, usually in the teenage group and is sometimes accompanied by acne in varying degrees of severity.

Advice is given regarding cutting down of starchy foods and increasing proteins and green vegetables and salads. It is known that the germ of seborrhoea thrives if there is insufficient Vitamin B in the body to cope with the syntheses of the starchy food, so in a number of cases Becosym has been given either in tablet or liquid form according to the age of the patient and with resulting great improvement. Locally a suitable shampoo to be used weekly is suggested, washing brushes and combs in a mild disinfectant and advice in personal use of the brush and comb.

The nurses are agreed that seborrhoea is on the increase, so I intend to carry out more investigations during 1959. They also think that some of the preparations used by the boys on their hair aggravate the condition.

The seborrhoea patches on the face and eyeleashes appear to increase after an illness such as pneumonia, influenza and tonsillitis. It is known that a germ helps in the manufacture of Vitamin B in the

intestine and it may be that the manufacture is either slowed down or ceases temporarily when antibiotics are used.

Acne

In 1958, I sent an unusual and severe case of acne to Dr. Tate, the Dermatologist and he suggested U.V.R. treatment, giving an erythematous dose in the early stages. Following the successful treatment of that boy, a number of similar (but not so severe) cases, mainly boys but a few girls, all of fourteen years of age, were treated and all were markedly improved after a course of treatment. The boys especially were very happy about it."

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon, continues to attend the Aural Clinic, Great Charles Street. There is a nurse in charge who carries out the treatment according to the Specialist's direction. The testing of hearing by means of the Pure Tone Audiometer of children who are referred for various reasons is undertaken by the nurse.

Reports are also sent to the Medical Officers at the School Clinic where the treatment prescribed by the surgeon can be carried out.

During the year, 2,960 attendances were made at the Aural Clinic.

No. of examinations made by the A	ural	Surgeon	 	 1,041
No. of mastoid dressings			 	 82
No. of other aural treatments			 	 2,166
No. of Pure Tone Audiometer tests			 	 712

Mr. Crabtree reports:—

"The number of school children with upper respiratory conditions affecting their school progress is so great that we can never hope to do more than select for treatment those children presenting particular problems. We have continued to pay attention to those whose learning capacity is impaired rather than those whose disability leads them to repeated absence from school.

We must expect the latter problem to be dealt with through the normal health service channels. The former problem can only be dealt with really effectively through the School Health Service.

While still far from satisfactory, the situation has significantly improved during the year. This is largely because we have had the assistance of Mr. Waldeck.

We have made further progress with regard to the child handicapped by deafness. The approach to this particular disability has been radically altered with the provision of hearing aids and the discovery that early training in the understanding of speech enables a deaf child to attain a very much higher level of communication, and therefore of education.

The routine screening of children for hearing defects was first started in Birmingham in 1937 using a gramophone audiometer to test a whole class at a time. My experience over the past few years in evaluating the results of this method has shown it to be remarkably efficient and accurate, but there are disadvantages. The equipment is cumbersome, and only applicable to children of the age of seven or over. This year we have changed over to the individual testing by pure tone audiometry, of children entering school. The School Health Service has integrated this investigation within the framework of the Aural Clinic and those children who fail the screening test are tested fully both clinically and for hearing in the Aural Clinic. It is too early to comment fully, but our initial impressions are that the degree of accuracy of this method of screening is high. We are able to initiate more prompt remedial measures, and to avoid the delay in the early recognition of deafness which has in the past lead to many children falling behind with their formal education because of an unrecognized hearing defect.

Last year I was able to report the early results of individual auditory training of the pre-school deaf child, by Teachers of the Deaf visiting the Clinic at the Children's Hospital. This year several of these children have been admitted to Special Schools where their readiness for nursery education and their comprehension of speech has been shown to have attained a higher level than formerly.

We hope that this early training will increase the number of deaf children who will attain a level of communication sufficient to allow transfer to normal schooling. This end is always sought by our special schools, but the number of cases in which this hitherto has been possible has been small because of the great difference between the conditions in normal class and in a Special School. This difference is in the main the size of the class which makes it difficult for a teacher to pay any attention to an individual child. Moreover he cannot at the moment be fully aware or kept informed of the particular difficulties experienced by an individual child. We hope to be able to resolve this soon by the appointment of Visiting Teachers of the deaf who will be able to ensure that the child is properly placed in relation to his needs for training and special equipment, and thereby ease the difficulties and problems of the class teacher. These appointments will also enable a closer surveillance of children in normal schools whose hearing is thought to be defective, and whose school progress is poor because of this defect.

Each deaf child presents an individual problem depending on intelligence, home conditions, degree of deafness and the amount of training in pre-school years. In many respects the disability differs from others. Our effort must be to find a balance between the needs of the individual child and the requirements of the overall machinery of education which demands a measure of standardization. This must be met with close liaison and in the flexibility of educational situations which we can offer the deaf child."

AUDIOMETRIC SURVEY

After various trial experiments, the systematic testing of six yearold children by means of the pure-tone audiometer was commenced during the year. Any other child where there was some doubt about the hearing, could also be brought forward by the teacher.

The total number of children tested was 2,897, and of these 155 failed to reach the required standard of 15 decibels on frequencies 125,

250, 500, 1,000, 2,000, 4,000, 6,000.

78 children failed in one ear only and 77 failed in both ears.

83 home visits were carried out and appointments made for children to attend the Aural Clinic, for a full pure tone audiometer test. 9 parents were interviewed in school for the same purpose.

DETAILS OF 155 CHILDREN WHO FAILED THE TEST IN SCHOOL

Referred to Aural Clinic Having treatment from own doctor Having treatment at hospital Already having treatment at Aural Clinic Re-test in school in one year Outstanding cases		•••	• •	• •	107 17 9 2 8 12					
	T	OTAL			155					
DETAILS OF THE 107 CHILDREN REFERRED TO AURAL CLINIC										
Full pure tone tests carried out Failed to attend test Unable to test, impacted wax		• •		• •	90 15 2					
		TOTAL			107					
RESULT OF 90 FULL AU	DION	1ETER	TES'	TS						
Number of children who passed test Number of children who passed after rem Number of children who failed after rem Number of children who failed, due to ot		••	8 8 7 67							
	Т	OTAL			90					

To tabulate the results the usual method of converting the audiograph into a single figure representing the hearing loss in decibels has been adopted. This figure is the average hearing loss to pure tones for the three octaves of 500, 1,000 and 2,000 cycles, and may be taken as the most effective way of making a simple assessment by pure tone audiometry of the child's hearing over the critical frequency range for the perception of speech.

It must be appreciated that the interpretation of results based on such an arbitrary measurement must not be carried too far. There is, for instance, a great deal of difference in the type and degree of disability between two cases of equal average hearing loss, where one is a conductive deafness with equal loss at each of the three octave frequencies and the other is a high tone perceptive deafness, where there may be little or no loss at 500 cycles, but a very profound loss at 2,000 cycles.

ANALYS	SIS OF TH	E 90 P	URJ	Е ТО	NE A	UDION	/ETRI	C TEST	`S
15 to 20 dec	cibel loss in	one or l	both	cars					22
More than ?	20 decibel le	ss in on	ie eai	r					26
More than :	20 decibel lo	oss in bo	oth ea	ars					42
						TOTAL			90
	ANA	ALYSIS	OF	THE	СНІ	LDREN			
WITH	MORE TI	HAN 2	0 DI	ECIBI	EL LC	DSS IN	BOTH	H EARS	
Better ear:	20 to 30 de	cibels lo	OSS						23
	30 to 40	"	,,			• •			9
	40 to 50	"	2.3						8 1
	50 to 60	,,	,,						1
	60 to 70	"	,,						1
						TOTAL			42
Analysis hearing after	of the action					childre	n who	o had de	fective
Referred to	Aural Surg	eon							64
	t a later date								6
Elected to c	onsult their	own do	octor			• •	• •		4
						TOTAL	• •	• •	74
Details of the clinical findings relating to 30 children who have been seen by the Aural Surgeon at time of report:									
Referred to						Α.			13
	hospital for						• •	• •	4
	hospital for								1
- 0 1	1 1 . 1 .		1 0	1					

One of the above children was referred for a hearing aid. 34 children were waiting to be seen by the Aural Surgeon at

30

. .

time of report.

. .

. .

No treatment

X ray

Position relating to hospital treatment for the above 30 children seen by the Aural Surgeon.

							Waiting
						Treated	List
Removal of To	onsi	ls and Ad	enoids	 	 	4	9
Bilateral Antru	111	washouts		 	 	2	2
Impacted wax				 	 	2	1
Mastoid				 	 		1
X rays			0 0	 	 	2	

The following conditions were found by the Aural Surgeon to cause defective hearing.

Otitis Media				 	 	4
Mastoiditis				 	 	1
Tonsils and Adenoids				 	 	8
Wax						
Catarrhal Deafness				 	 	6
Perceptive Deafness				 	 	3
Conductive Deafness	(not ye	t diagn	iosed)	 	 	2
Sinusitis						

Several children have been referred to the Aural Clinic as an indirect result of the school tests. It has been found during home visits that parents have sought advice about another child or children in the family, who they think may have defective hearing. By reason of the fact that they were not in the selected age group, and were not brought forward by their teacher, they were not tested in school when the tests were being carried out. These children have been brought to the Aural Clinic along with their brother or sister, already found defective at the school test. If, after a full test has been carried out, defective hearing has been found, they have been referred to the Aural Surgeon.

TONSILS AND ADENOIDS

The arrangements made with the Regional Hospital Board for operative treatment for adenoids and chronic tonsillitis at the Dudley Road Hospital, following the closing of the Committee's clinic at Handsworth, were continued during the year. As the Dudley Road scheme deals only with a limited number, some of the school medical officers referred children to other hospitals. Complete information, however, relating to the total number of children who received operative treatment at these hospitals is not available.

As in the previous year the number of children who had undergone removal of tonsils and adenoids was ascertained at the Periodic medical Inspections.

The results for the three years are shown below:

Number and Percentage having undergone T.& A.

		having inacigone 210 22					
			Boys	8		Girls	
		1956	1957	1958	1956	1957	1958
Entrants		783	855	794	736	750	616
Efficiants	• •	10.08%	11.11%	8.78%	9.96%	10.06%	7.16%
Intermediates		1,873	1,944	3,255	1,791	1,869	2,783
21001111001000			22.17%	25.3%	23.7%	21.61%	22 5%
Leavers	• •	1,312 20.35%	1,705 24.4%	1,764 25.7%	1,432 21.5%	1,895 25.28%	1,678 27.3%
		20.33 /0	2 / 0		, ,		

EYE DEFECTS

The number of children examined in the routine age groups who suffered from defective vision (excluding squint) was:

ge Group	Ø					
Inspected				Number	Number found to	
Year of I	Birth)			Examined	have defective vision	Percentage
1954 an	id late	r	 	1,832	22	1.20
1953			 	6,777	145	2.14
1952			 	6,132	198	3.24
1951			 	2,894	114	3.93
1950			 	622	88	14.14
1949			 	425	83	19.53
1948			 	3,661	472	12,88
1947			 	11,189	1,353	12.09
1946			 	4,611	613	13.29
1945			 	620	114	18.38
1944			 	4,031	578	14.33
1943 an	id earl	icr	 	13,002	2,204	16.95
TOTAL			 	55,796	5,984	10.74

OPHTHALMIC TREATMENT

The arrangements for the dispensing of glasses prescribed by the ophthalmic surgeons are made through the Supplementary Ophthalmic Services of the National Health Service. The ophthalmic surgeons prescribed 4,734 glasses.

Mr. Archer Hall reports:-

"I have much pleasure in submitting to you an analysis of the cases I have treated at the Great Charles Street School Clinic during the year ended 31st December, 1958, as follows:

Type of Case			No. Treated
Myopic		 	149
Hypermetropic			98
Hypermetropic Astigmatism		 	65
Myopic Astigmatism		 	21
Mixed Astigmatism	* * * * *	 	28
No glasses required		 	49
Referred to the Eye Hospital for Ortho		 	4
Cataract	*		1
	TOTAL	 	415 "

Mr. Mark Tree reports:—

"The type of cases seen at the Ophthalmic Clinic at Great Charles Street are very diverse and vary from mere refractive errors to individuals with conditions of great medical interest. The latter are for the most part referred for opinion from the special schools by Dr. Kemp; on occasion from the Public Health Department: and also by Dr. Cohen for special reports.

I have analysed the refraction cases as follows:

Moderate Myopia				 	 17 per cent.
Myopic Astigmatism				 	 5 per cent.
High Myopia		• •		 	 1.6 per cent.
Hypermetropia and A					 50 per cent.
Squint cases				 	 12 per cent.
Mixed Astigmatism				 	 4.4 per cent.
No spectacles necessar	У	• •	• •	 	 10 per cent.

Apart from the cases recommended for attendance at the Partially Sighted Schools, and which I have classified in detail in a separate report, the children with special pathological conditions present an interesting series, for the most part with multiple defects.

I append details of a few cases:

- 1. Premature child, said to have had a subarachnoid haemorrhage with signs of retrolental fibroplasia in one eye and myopia more marked in the affected eye.
- 2. Child of 10 years with vision reduced to the appreciation of hand movements only, with conjugate deviation of the eyes and bilateral optic atrophy, associated with cerebellar tumour successfully removed by Professor Brodie-Hughes.
- 3. Child of 10 years with adolescent cerebro-macular degeneration and marked primary pigmentory retinal degeneration and mentally defective.
- 4. Child of 12 years who had meningitis at the age of 1 year and who has resultant hydrocephalus and early optic atrophy and who is ataxic and educationally sub-normal.
- 5. An obese girl of 11 years whose vision was 6/9 each eye in 1957 with trifling refractive error, 18 months later stated she could read nothing at all and was not improved by lenses. She showed marked hysterical contraction of visual fields and neurological investigation was negative.
- 6. Child of 6 years with congenital cataracts, nystagmus, marked deafness and does not speak at all. Her mother contracted German Measles when 2 months pregnant, being infected by her eldest child, and these defects in her baby were the result.

Defects arising in the child when the mother contracts German Measles in the first three to four months of pregnancy are a matter of great importance and have recently been attracting great attention. The percentage of cases where the child has been defective has been variously stated as from 10% - 15%, but in view of the serious possibilities, comprising congenital cataracts, deafness and congenital heart disease, these consequences of German Measles in early pregnancy should be more widely known.

It seems reasonable to suggest that every mother who has had contact with a case of German Measles in the first four months of pregnancy should immediately be given gamma globulin 1.5 g. if possible from convalescent scrum.

This review of the work at the clinic has been made possible by the great help given me by the nursing staff — Nurses Webster, Glenn, Byfield and Ball. The refraction statistics were extracted by Nurse Glenn."

Dr. Marx reports:—

"During the year 1958 I have examined 872 children during 105 sessions. Apart from the usual refractive errors the following conditions were found:

Amblyopia	• •	 	 • •	18
Colour Blindness of various kinds		 	 	17
Nystagmus		 	 	2
Paralysis of Extrinsic Muscles		 • •	 	1
Squints		 	 	10
Corneal Opacities		 	 	1
Congenital Cataracts		 	 	3
Chronic Iritis		 	 	1
Vitreous Opacities		 	 	2
Referred to hospital for various rea	sons	 	 	8''

Mr. Norris reports:

"The incidence of refractive error remained much the same and the results of treatment of amblyopia and squints was gratifying. The essential feature in the treatment of the latter condition is early and accurate diagnosis and team work.

The team consists of the Nurse, Doctor and Ophthalmologist in the School Health Service, the Parents (whose co-operation is essential) and the Orthoptist and Surgeon in the hospital service.

I am in a position to compare the incidence of amblyopia and squints in army personnel with that of Birmingham school children, and I have no doubts whatsoever that the percentage incidence of defect of school leavers in Birmingham covered by the service, compares very favourably with that of 18 year-olds examined in the army.

A survey of the problem of amblyopia appears in the B.M.J. of 24.1.59 by Mr. Wellesley-Cole, M.S., F.R.C.S., and I commend it to all who are interested in fitting the new generation to face the world of today."

Mrs. N. Walkinshaw reports:-

"I have pleasure in submitting my report for the year ending 31st December, 1958.

Attendances at the various clinics have been good, and during the year I have examined approximately 750 children.

As before I classify the children into two groups: (1) under ten years (2) over ten years; I have examined a greater number of children in the over ten group, in the ratio of 2:1.

The refractive error in both groups in order:

					Under Ten Years	Over Ten Years
					Percentage	Percentage
Hypermetropic Astign					36.0	33.0 °
Myopic Astigmatism					8.7	17.5
Mixed Astigmatism					3.7	3.5
Strabismus (all forms)					15.2	6.8
Hypermetropia					14.0	6.5
Myopia					7.7	22.5
Amblyopia	• •				1.5	.5
Anisometropia					6.8	
N.T. 1	• •	• •	• •	• •		6.4
Normal	• •	• •	• •	• •	6.4	3.3
The following car	ses we	re als	so not	ed:		
3 Congenital Nystagn	ıus-mv	opic				Aet 11, 7, 6
1 Posterior Polar Lens	Opaci	ties		•	• • • • •	Aet 13
1 Mentally retarded ch	ild refer	redto	SMO	re	Special School	Act 13
1 Squinting child with						
1 Squinting Cilla With	i note a	it iviac	ula			Aet 10

I continue to keep close contact with all cases of squints, and amblyopia, reviewing at frequent intervals."

Aet 9

Mr. Curwood reports:—

1 Ocular Paresis

"During the period I kept a record of 500 consecutive cases, which produced the following main figures:

Myopia (all degrees)	 	 	 	39 per cent.
Strabismus				
No glasses required	 	 	 	20 per cent.

The figure for myopia is misleading as it includes a large number of cases seen more than once, owing to its inherently progressive tendency. The cases of squint sometimes cause much thought when contemplating occlusion.

I have seen a number of interesting children including:

Mongol with gross myopia. Retinal cyst very near to the macula but vision so far is normal. Four cases of congenital nystagmus apparently not inconvenienced thereby. 2 cases of Fallot's tetralogy whose pupils react only very slightly to drops.

A pair of male twins, one normal and the other highly myopic. Another pair of twins, one normal and the other much smaller physically and with marked epicanthus much resembling a convergent squint, but in fact quite straight.

Macular anomaly — normal vision in the other eye."

SCHOOL DENTAL SERVICE

Mr. D. Glen Thomson, Principal School Dental Officer reports:—

There has been a slight improvement in the average number of dental officers engaged in the School Dental Service during the year. The average number of dental officers was 20.6 which includes part-time dental officers and represents a gain of 1.6 on the previous year

when the figure was 19.

The proportion of sessionally employed dental officers to full-time officers has increased during the last few years, and young graduates are not being attracted to the Service. This trend is national and may be due to several causes. For instance, the young graduate can earn much more money in general dental practice than he can at the commencing salary in the School Dental Service and sessional fees can amount to considerably more than is paid to a whole-time officer at the maximum salary.

Finally, the high average age of full-time dental officers means a number will necessarily retire within the next few years. The average age of full-time dental officers in Birmingham is 50 years. The backbone of the School Dental Service is the whole-time dental officer and until this trend is arrested and young graduates are attracted to the Service it must cause some disquiet in the minds of those responsible

for the future of the Service.

New Full-time Appointment:

A. Tomanek		Tanuary 1050
A. Tollianek	• •	 January 1958

Resignations:

Dorothy Ferriss	 	 28. 2.58
A. Wijeyekoon	 	 17. 9.58
C TO AT 1	 • •	 31.12.58

Treatment

Of the 146,008 children inspected in 356 of the 511 schools, 98,353 were found to require treatment; 83,745 were referred for treatment and 24,952 had their treatment completed. In addition, 19,663 casuals received treatment and attended on 10,102 further occasions to have all their necessary dental treatment completed. The total attendances at school clinics was 70,116, a decrease of 304 attendances.

23,472 permanent teeth and 54,029 temporary teeth were extracted. There was a decrease of 1,723 permanent teeth extracted. This is the first time for many years that there has not been an increase in the number of permanent teeth extracted. There was an increase of 434 sessions devoted to conservation treatment and the total number of fillings in permanent teeth increased by 2,059 to 31,564. These two factors have led to an improvement of .13, in the ratio of permanent teeth filled to permanent teeth extracted which is now 1.16:1,

the comparative figure for England and Wales in 1957 was 2.9. There is still a hard core of resistance to fillings and it is very disappointing when parents refuse permission for their children to have teeth saved by filling, but request extractions.

44,615 children attended the clinics for treatment on 70,166 occasions. The average number of attendances for each child treated was 1.5. Children treated as a result of school inspections paid an average of 1.6 visits and casuals returning for further treatment attended on average 1.5 times. The average attendances for England and Wales in 1956 was 2.3 attendances in respect of each child treated.

The number of children inspected on school premises was 146,008, an increase of 30,896 children. Dental inspections are very important, as the parents receive notice of a defect in their children's teeth and prompt conservative treatment often saves extractions. They are recommended to take them to their own dentist or if they have no private dentist full comprehensive treatment is offered by the School Dental Service.

Dental disease is probably the most widespread of all diseases and lack of dental care can and does lead to both dental and general ill health. There has been a steady increase in dental caries in school children and no doubt this is due amongst other causes to the increased consumption of sweets, biscuits and highly refined confectionery. Eating between meals should be discouraged; particularly harmful is the play-time break when milk and biscuits or milk and cake are consumed. Milk is an excellent food for children and contains mineral salts and vitamins, a deficiency of which can adversely affect tooth development. Eating of raw carrot or apple at the end of school meals is most desirable as it stimulates the gums and assists in the flow of saliva which help to remove the sticky foods round the teeth. Tooth brushing after meals is important but must be done properly and the brush must be in good condition. Mouth rinsing is most helpful, after tooth brushing or when a brush is not available.

Fluoridation of water supplies probably offers the best hope of reducing the incidence of caries and the addition of one part per million of fluorine in the water supply is said to reduce caries incidence

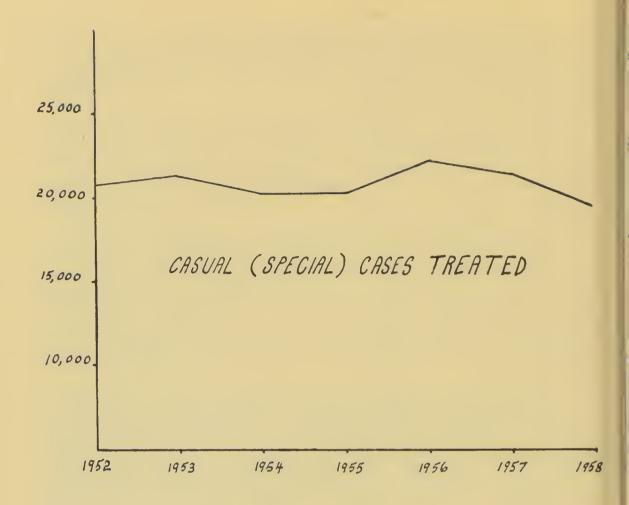
by up to fifty per cent.

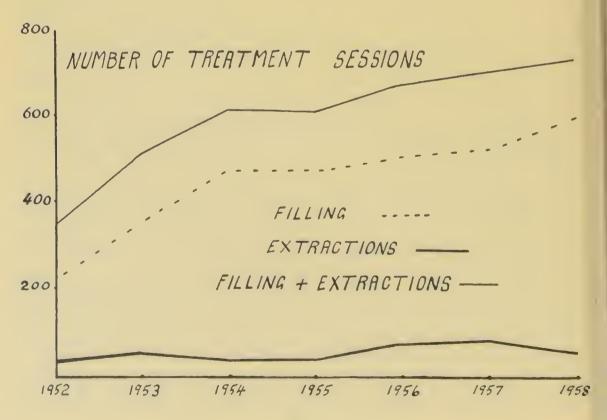
Instruction in oral hygiene is given to children at the chair side and films are shown in schools. "Let's Keep our Teeth" was shown in a number of schools and can be thoroughly recommended as a valuable contribution in dental propaganda.

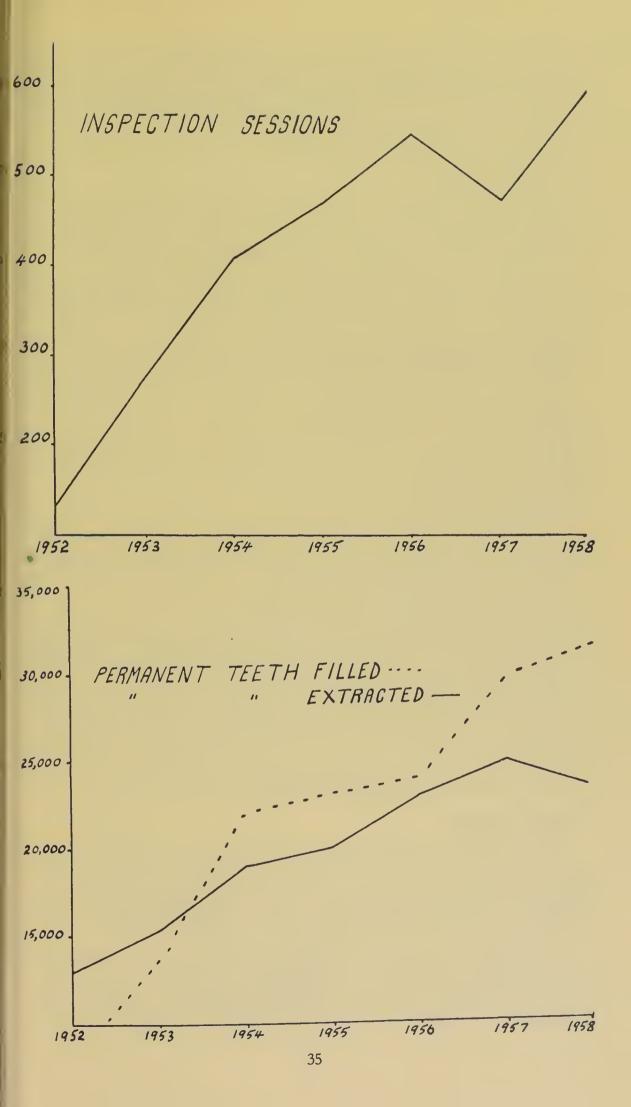
Head Teachers are pleased to display the very fine posters issued by the Dental Board of the United Kingdom. They are used in association with hygiene lessons and in many schools are used in con-

junction with school dental inspections.

Dental Health Education is best taught by personal example and children are born imitators. Despite the many extraneous calls upon







their time, members of the teaching profession do much to emphasize the value of oral hygiene. Their influence in this respect is helping to reduce the incidence of dental caries and I am sure they will continue to give all the support they can to the efforts being made to improve the dental condition of school children.

Anaesthetic Scheme

The panel of medical anaesthetists continues its excellent service and I would like to take this opportunity to thank the anaesthetists for their unfailing patience and co-operation in this work.

There were 1,477 general anaesthetic sessions during the year, a decrease of 47 sessions. A total of 28,981 Nitrous Oxide and Oxygen anaesthetics were administered, a decrease of 3,218 cases. The average number of anaesthetics for each gas session was 19.6. A number of children attended the clinics for extractions but as they had been given a substantial meal within the three hours interval which is considered a minimum period for the safety of the child, they were not treated. About 30 per cent. of appointments are not kept which causes considerable administrative difficulties and uneven attendances at these sessions.

Children's Hospital

The dental department at the Children's Hospital has again been most helpful to the School Dental Service. Mr. Geoffrey Hoggins, Consultant Dental Surgeon, has devoted much of his time to the care of children referred to him.

Children with known or suspected blood conditions are referred for haematological investigation previous to extractions. Those with rheumatic hearts requiring anti-biotic cover are referred as a routine measure. The surgical cases treated included dental cysts, uncrupted teeth and labial fracna. Children suffering from epilepsy, bronchiectasis, diabetes, cerebral palsy and congenital hearts are treated at the hospital for extractions, but their conservations are usually carried out at the school clinics. A total of 114 children received treatment during the year at the Children's Hospital.

Dental Hospital

I would like to place on record the appreciation of myself and my colleagues in the School Dental Service for the valuable help in the treatment of unusual cases which is so readily given by the Dental Hospital. The close relation between the two services continues under the direction of Dr. Mitchell, Dental Superintendent.

48 children with gum conditions were referred to Dr. Fox at the Paradontal Department; 78 children with fractured incisors, requiring incisal tips or crowns and root treatment were seen by Dr. Hardwick; 423 children were referred for x rays.

Handicapped Children

The dental condition of these children is considered most important. Residential children are inspected at six-monthly intervals

and are offered full comprehensive treatment.

Children with physical handicaps or medical history which precludes them from attending the clinics are treated at the Children's Hospital. Certain of these children, spastics or highly emotional cases, are unsuitable for normal conservations and receive endotracheal anaesthesia and their fillings are done without causing them distress.

Of 2,048 children inspected, 1,078 were found to require treatment; 855 were referred for treatment, and 397 had their treatment completed within the School Dental Service. The total number of

attendances for treatment was 517.

The number of teeth extracted was 357 permanent teeth and 420 temporary teeth; 175 permanent teeth were filled. A total of 283 general anaesthetics was administered and 29 children had local anaesthetics.

Orthodontics

The demand for orthodontic treatment is greater than can be met by the present staff. The number of sessions worked has increased by one but it has still not been possible to obtain the services of a full-time orthodontist. Over 40 per cent. of children are suffering from some orthodontic condition and at least 15 per cent. require specialized treatment, so it can be understood why there is such a demand for treatment. The dental laboratory commenced production in September and it has enabled the dental technicians to construct individual appliances under the direct supervision of the orthodontists. It is also possible to repair or to make additions to appliances on the spot. A detailed summary of the work in the laboratory is given here; in addition, 36 appliances were sent out, as the number of new appliances was greater than the laboratory could supply.

Dental Laboratory

Summary of Work (September to December 1958)

Orthodontic.			
Models cast	 		309
Study models supplied	 		179
Fixed appliances	 		5
Removable appliances	 		87
Repairs to appliances	 		19
Oral screens	 	• •	1
Prosthetic.			
(a) Part upper dentures	 	111	
Dentures: (b) Part lower dentures	 	4	} 116
(c) Full upper dentures	 	1)
Repairs to dentures	 		29

Mr. Walpole Day submitted the following report:—

'The work of this department continues at the same high pressure as in the previous years and many of the difficulties which have hindered progress towards a complete orthodontic service still remain. Some progress can be reported in the number of sessions worked and patients seen and we are very pleased that the new dental laboratory has been completed and is now serving us well. The big obstacle to further expansion is the inability to fill the full-time vacancy in the department.

The figures show that we have now reached saturation point but for the first time the number of names on the waiting list shows a reduction. This is not due to any falling off in demand but is due to very careful selection of cases for treatment by appliances and a greater use of extraction to alleviate the malocclusion wherever possible.

		1958	1957	1956	1955			
Number of cases commenced		340	348	310	212			
Number of cases completed		386	283	235	201			
Number of cases treated with ap	pli-							
ances		288	292	264	212			
Removable appliances		369	370	349	390			
Fixed appliances		39	34	22				
Cases summoned for treatment		5,211	4,979	4,857				
Total attendances		4,480	4,273	4,229	4,071			
Active treatments		3,088	2,947	2,882	_			
Observation		1,392	1,326	1,347	_			
Number of x rays taken		483	657	700	779			
Number of cases discontinued		41	31	24	_			
Number of cases carried forw	vard							
from previous year		356	450	152				
Number of sessions worked		252	237	243	234			
Number of cases waiting for treat-								
ment		614	751	571	406			
Average per session		17.8	18.0	17.4	17.4 '			

Other Operations

A detailed analysis of other treatment does produce a picture of the varied nature of the routine work in school clinics. More time is devoted to these miscellaneous operations than is generally realized but it is time well spent as frequently this is the only opportunity of personal contact with the parent.

Permanent Teeth		1958	1957	1956	1955
Advice	 	5,217	4,812	5,161	4,049
Zinc Oxide dressing	 	3,624	3,585	4,807	3,833
Root filling	 	43	35	26	39
Gum treatment	 	231	203	206	111
Stoning and trimming	 	283	277	276	484
Scaling	 	1,608	1,537	1,527	1,199
Impressions, bites and trys	 	735	716	574	557
Total	 	11,741	11,165	12,577	10,349

Temporary Teeth						
Advice			692	736	781	867
Silver Nitrate			271	265	84	166
Dressings Zinc Oxide	• •		904	816	776	386
Total			1,867	1,817	1,641	1,419
Total number of denture	s prov	rided				
for school children			499	421	359	245

Clinics

A new clinic has been built at Albert Road, Harborne, to replace the old Harborne Lane Clinic. It was opened on 5th November, 1958.

The dental block contains two surgeries communicating with a common rinsing room. The general waiting room is connected with the dental block by a small passage which contains seating accommodation for parents. There is a separate exit from the dental block which precludes the necessity of children returning to the general waiting room subsequent to treatment. There is a small dark room which is used as a store room but will be available for developing x rays when this is standard equipment at each clinic.

An additional surgery has been brought into use at Sheep Street Clinic. Modern equipment including a Rathbone Unit has produced

a most attractive surgery which is in full use for conservations.

Stratford Road Clinic has had an additional surgery built to make a dental block containing two surgeries communicating with a common rinsing room. Modern equipment has been installed and with this additional surgery full comprehensive treatment can be offered to all children attending schools served by this clinic.

The Birmingham School Dental Surgeries compare favourably with other local authorities and those in general practice and dental officers engaged in the Service are most grateful to the Committee

for providing such good working conditions.

I would like to express my thanks and gratitude to all dental officers, full-time and part-time, for an excellent year's work. The dental attendants have done a great deal to promote the efficiency and smooth running of the Dental Service. I am pleased once again for this opportunity to thank the Head Teachers and members of the teaching profession for their assistance during the year. The dental clerks and clerical staff have been, as always, most helpful."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports:—

"There was a further increase in the number of new patients seen this year to 125 and in the number of visits by old patients to 3,213 giving a total of 3,338 attendances. The School Health Visitor and Clinic Nurse (Miss C. Butt) made 368 home visits, of which 334 were successful. The reduction in the number of visits this year resulted from a period of illness. The clinic work was carried on

with the help of Mrs. V. O. Byfield and Mrs. M. E. Ball. I should like to record my appreciation of the work of Miss Butt and of the other members of the nursing staff during the year.

The Asthma Clinic has now had a total of 560 new patients since December 1953. Throughout the whole period every kindness

and co-operation has been given by Dr. Cohen and his Staff.

Psychiatric Treatment

Since 1953, Dr. C. L. C. Burns has kindly seen selected patients referred from the Asthma Clinic. In the last year he has devoted some time regularly each week to the asthmatic children in an effort to study the efficacy of psycho-therapy in this condition. These studies are being controlled by means of regular respiratory function tests and it is hoped that some contribution can be made to this aspect of treatment in asthma.

Hydrocortisone Trial

The results of this trial of hydrocortisone inhalations were reported to the Third International Congress of Allergy in Paris in October, and subsequently published in the *Lancet*. Further studies with similar preparations were done, but the results remained disappointing.

Course for Special School Teachers

As part of this new course at the City of Birmingham Training College, Westbourne Road, a visit to the Asthma Clinic was arranged.

It is pleasant to record the keen interest of the students in the work, as asthma is one of the principal reasons for recommending children to attend special schools.

Open-air Schools

The open-air schools, both residential and non-residential, provide valuable help for asthmatic children, both in enabling them to benefit more from education and in improving their medical condition. As was shown in the survey reported last year, a large number of boys between 5 and 15 years show spontaneous improvement so that in these the benefit will be permanent. The object of treatment must be to enable these children eventually to lead a normal life in ordinary surroundings and to earn their living normally. In Birmingham outpatient treatment can be continued for children in the non-residential open-air schools.

The great majority of asthmatic children show a satisfactory response in open-air schools even within 20 miles of the city centre. Only the exceptional and particularly severe case fails to benefit under these circumstances but even for such cases modern treatment can offer considerable relief. The combination of rational symptomatic treatment in good surroundings and specific treatment applicable to each individual case with the object of returning the child in the end to useful and happy life within the community is the ideal."

ORTHOPAEDIC DEFECTS

Mr. F. G. Allan reports:—

"In reviewing the year's work of the Orthopaedic Section of the School Health Service no great change is observed, but a rough comparison with the cases seen and treated ten years ago makes it evident that the work is becoming more and more a matter of prevention rather than of actual treatment of functional or structural abnormality. Gross deformities are now rarely seen, fine gradations in disparity have to be assessed so that it may become very difficult indeed to decide at which point the normal ends and the abnormal begins.

Taking the foot as an example, the height of the longitudinal arch is commonly used as a measure of normality. Yet we know that between the two extremes of the over-high arch of the cavus deformity and the over-low arch of the frankly flat foot lie many varieties of shape all coming within the normal. The shape of the foot is a part of each person's make-up. There is no easy way to change this shape and usually little or no need to try. One has therefore to decide which feet to include within the normal limits and which to regard as so badly deformed or so poorly controlled that

harm will result if they are not put right.

Toe deformities in young girls seem to be on the increase and there is a great temptation, probably quite rightly to blame the wearing of low cut "casuals," which have to be very tightly fitting especially in their length, to stay on. They have in fact to be too short! Their shape cramps the toes and in still growing feet must inevitably lead to deformity. On reaching a certain age many girls demand to be fitted with these shoes. They would be greatly helped against their own inclinations by sound advice given in the schools. One realizes that this means a hard fight since it is a very important thing to the young mind to be in the fashion. One's only hope is that since women's fashions change so suddenly and so unpredictably, there may be a change one day for the better.

The following is a summary of certain cases examined during

the year at the Sheep Street Clinic:

Reasor	n for	Attenda	Number of Children Treated	Number of Attendances		
Remedial exercises	• •			 	2,715	36,453
Massage				 	235	1,418
Radiant heat				 	194	1,215
Electrical treatment				 	84	552
Other purposes				 	610	2,184
		Т	OTAL	 	3,838	41,822

		Result of Treatment							
Defect	Number Treated	Remedied	Much Improved	Slightly Improved	Unchanged	Discon- tinued Treatment			
Spinal Curvature	435	145	118	97	28	47			
General Muscular Debility	363	122	114	76	23	28			
Various forms of Paralysis	15		6	6	2	1			
Deformities of the Feet and Legs	1,515	480	487	277	123	148			
Asthma	275	22	117	78	28	30			
Bronchiectasis	29	1	10	15	1	2			
Bronchial Catarrh	431	121	160	86	19	45			
Injuries to Limbs	47	36	9		2	_			
Wry Neck and Other Defects	159	105	31	12	5	6			
TOTAL	3,269	1,032	1,052	647	231	307			

Total number of individual children treated during the year, 3,368.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below:

rgcon	is given below.						
1.	Postural Defects:						
	Kyphosis					• •	20
	Scoliosis						22
	Poor Posture						3
	Painful Spine						2
	Thoracic Deformity					• •	1
2.	Defects in Extremities:						
	(a) Foot and Ankle:						
	Pes Cavus						16
	Pes Planus						7
	Hallux Valg	115			•	• •	18
	Hallux Rigi			• •	• •	• •	2
	Valgoid Anl			• •		• •	
	Knock Knee			• •	• •	• •	26
			• •	• •	• •	• •	18
	Hammer To		• •	• •	• •	• •	7
	Tight Tendo			• •			7
	Toe Deform						3
	Peculiar Gai		• •				1
	Bow Legs					• •	1
	Ganglion						1
	External Ro	tation o	of Tibia				3
	(b) Arm and Should	er Gird	le:				
							6
	Kippel Feil					4.5	1
	Neck Deflec	tion					1
					•		1

Congenital Defects:					
Spina Bifida					2
Static Congenital Synostosis					1
Spastic Paraplegia					1
Dislocation of Hip		• •			2
Shortening of Spinal Vertebi	rae	• •			1
Deformity of Fingers	• •				1
Disease:					
Poliomyelitis					1
	• •	• •	• •	• •	1 =
Cablettana Diagram	* *		• •	• •	15
Sematters Disease	• •	• •	• •	• •	3
Other Conditions:					
Cavernous Haemangioma					1
					4
Shortening of Femur					2
"Pins and Needles" in Legs					2
Tenosynovitis		• •			1
Diaphaseal Aclasia					1
Tigĥt Hamstrings					1
					205
	Spina Bifida Static Congenital Synostosis Spastic Paraplegia Dislocation of Hip Shortening of Spinal Vertebre Deformity of Fingers Disease: Poliomyelitis Ostcochondritis Schlatters Disease Other Conditions: Cavernous Haemangioma Calcaereo-navicular Fusion Shortening of Femur "Pins and Needles" in Legs Tenosynovitis Diaphaseal Aclasia	Spina Bifida Static Congenital Synostosis Spastic Paraplegia Dislocation of Hip Shortening of Spinal Vertebrae Deformity of Fingers Disease: Poliomyelitis Ostcochondritis Schlatters Disease Other Conditions: Cavernous Haemangioma Calcaereo-navicular Fusion Shortening of Femur "Pins and Needles" in Legs Tenosynovitis Diaphaseal Aclasia	Spina Bifida Static Congenital Synostosis Spastic Paraplegia Dislocation of Hip Shortening of Spinal Vertebrae Deformity of Fingers Disease: Poliomyelitis Ostcochondritis Schlatters Disease Other Conditions: Cavernous Haemangioma Calcaereo-navicular Fusion Shortening of Femur "Pins and Needles" in Legs Tenosynovitis Diaphaseal Aclasia	Spina Bifida Static Congenital Synostosis Spastic Paraplegia Dislocation of Hip Shortening of Spinal Vertebrae Deformity of Fingers Disease: Poliomyelitis Ostcochondritis Schlatters Disease Other Conditions: Cavernous Haemangioma Calcaereo-navicular Fusion Shortening of Femur "Pins and Needles" in Legs Tenosynovitis Diaphaseal Aclasia	Spina Bifida Static Congenital Synostosis Spastic Paraplegia Dislocation of Hip Shortening of Spinal Vertebrae Deformity of Fingers Disease: Poliomyelitis Osteochondritis Schlatters Disease Other Conditions: Cavernous Haemangioma Calcaereo-navicular Fusion Shortening of Femur "Pins and Needles" in Legs Tenosynovitis Diaphaseal Aclasia

I am greatly indebted to the physiotherapy staff for their continued assistance and to the medical staff for referring so many interesting conditions for consultation."

ULTRA-VIOLET RAY TREATMENT

The following analysis is indicative of the help which can be given in well selected cases:

	Number Treated	Cured or Much Improved	Improved	No Better	Ceased to Attend Before Completion of Cure
Debility	751	168	407	46	130
Rheumatism	11	_	8	1	2
Chorea	93	16	61	4	12
Bronchitis and Asthma	263	54	159	4	46
Nasal Catarrh, etc	453	96	255	15	87
Enlarged Glands	10	1	7		2
Otorrhoea and Deafness	55	5	43	2	5
Blepharitis and Conjunctivitis	24	9	13		2
Anaemia	17	9	5		3
Chilblains	10	8	1	1	
Alopecia	14	4	5	1	4
Impetigo	6	2			4
Other skin troubles	141	32	87	3	19
Total	1,848	404	1,051	77	316

CHIROPODY CLINIC

Mr. H. Wildbore reports:—

"The proportion of Chiropodial Orthopaedic treatments again increased during 1958. Corrective work undertaken at this clinic was the subject of a lecture given at the Annual Convention of the Society of Chiropodists in April 1958.

One school inspection was carried out when children of 7-8 years of age were seen. Many minor deformities develop and also

correction is more satisfactory, during this period of growth.

Considering that some cases of multiple verruca were very resistant to treatment, the average number of treatments per case is surprisingly low.

Analysis 1958

		alysis	s 1958	3			
Condition						N	umber of Cases
Plantar Warts	— single						71
Plantar Warts	- multiple						101
Warts on Har	ids, etc	• •					12
							47
Interdigital C	orns						4
Callous							16
Onychocrypt	osis						9
Involuted Na	ils						6
Onychophosis	s						4
Onychogrypl	nosis and Onycha	uxis					13
Pes Valgus							14
Hallux Valgu	s						33
Hammer Toc	s and Mallet Toe	es					7
Claw Tocs							7
Burrowing T	ocs						33
Overlapping	Tocs		• •				14
Sub-ungual E	xostosis						1
Dorsal Exosto	osis						1
Painful Heels							1
Acute Strain							2
Bursitis							5
Hyperheratos	is						1
Hyperidrosis							1
Tinea Pedis							5
							408
Total number	r of new cases						257
" "	,, re-examinati	ons					873
,, ,,	,, attendances				• •		1,130
,, ,,	,, treatments						1,457
"	discharged				• •		242
22 22	referred to Phys						27
,, ,,	still under treat						109
"	of cases of Verr						159
,, ,,	" attendances o						681
	idances per case o						4.3
	1						110

Analysis of inspection carried out at Ward End Junior School on 16th October, 1958. Age group 7 — 8 years.

				Girls	Boys
Number of children seen		 		37	65
Conditions noticed:					
Pes Valgus		 		18	35
Hallux Valgus		 		7	3
Hallux Varrus		 		2	6
Burrowing Toes		 		10	13
Overlapping Toes		 		1	3
Hammer Toes		 		1	1
Onychauxis		 			1
Corns		 		_	3
Verruca		 		-	1
Genu Valgus		 		_	1
rosi .	1	4	_	4 .4 4	

The attempts to inspect a larger number of children was not very satisfactory as the inspection had to be rushed and all clerical work was left until afterwards.

Twenty-five children were referred for treatment in the Chiropody or Physiotherapy Departments. The one case of genu valgus listed had previously received no attention. The one case of verruca was undetected and untreated."

SPEECH THERAPY

Miss E. S. Sprayson, Senior Speech Therapist, reports:—

Miss Heather Shilton relinquished her post in June 1958.

Miss Susan M. N. Williams relinquished her post in July 1958, and is now working at the Westerlea School for Spastics, Edinburgh.

Miss Janet Gore relinquished her post in July 1958, and since her marriage has been working in a part-time capacity for Warwickshire County Council.

Miss Anne E. Walsh relinquished her post in August 1958, and since her marriage has been working for the Liverpool Education Committee.

Miss Shirley Baker was appointed to the newly opened Lea Hall Clinic; Miss Barbara Lovell to the Dame Elizabeth House Clinic in September 1958.

Mrs. Sheila M. Masters (nee Wilkinson) relinquished her post in November 1958, and is now working for Denbighshire County Council.

Children Failing to Attend Interviews

It was possible in the clinics with short waiting lists to interview the mothers and children very soon after refusal. This has cut down the number of cases failing to attend interviews, as mothers are not so likely to lose interest in their child's speech defect if they are asked to attend a Speech Therapy Clinic a short while after their talk to the school doctor or head teacher about their child's difficulties. Before a child's name is removed from the waiting list every effort is made to persuade the mother to attend the clinic. School medical officers, head teachers and school nurses are asked to cooperate — but there are still a number of mothers who cannot or will not bring their children for a diagnostic interview.

Under School Age Children

In July 1958 it was decided that Speech Therapy should be given to children under 5 years of age (not on the register of a Nursery School) who were referred to the School Health Service by the Public Health Department.

At the George Road Clinic these children, together with those referred from Nursery Schools, were treated in small groups. It was possible to see these children almost as soon as they were referred and

alleviate any anxiety on the part of the parents.

Language Background

When dealing with speech defective children it is becoming more and more obvious that the language environment in some homes is

completely inadequate.

There are many parents who have, as yet, failed to realize the very important part they can play in their children's speech and language development. In many homes, where both parents are working, children are left on their own in the evening to entertain themselves whilst household tasks are carried out by the parents. These children, are therefore, deprived of adult conversation and stimulus for a great part of the day.

Television is a poor substitute for "family chats" and general

exchange of ideas between members of the family of all ages.

However, where the family intelligence is below average, discussion has rarely been part of their way of life — and in these instances television is probably a means of conveying some language stimulus.

It has been noticed in certain numbers of small children that Nursery Rhymes have been replaced by Commercial Television advertisement "jingles."

STATISTICS		1958	1957
Number of cases under treatment		965	942
Number of cases referred for treatment		569	576
Number of cases transferred between clinics while on	the		
waiting list		70	18
Number of cases admitted for treatment		438	501
Number of cases failing to attend interviews		59	91
Number of cases where Speech Therapy was con	itra-		
indicated		135	140
Number of cases discharged		437	389
Number of cases on the waiting list		345	408
Number of interviews with parents and guardians		1,324	1,145
Number of schools visited			49
Number of homes visited	٠.	16	15
Number of visitors to the clinics		62	84

CHILDREN UNDER TREATMENT - CLASSIFICATION OF DEFECTS

						1958	1957
Alalia						3	1
Dyslalia			• •	• •		470	455
Sigmatism			• •			74	77
Stammer			• •		• •	307	296
Stammer and Dyslalia				• •	• •	28	37
Stammer and Sigmatism			• •		• •	3	_
Language Retardation				• •	• •	30	19
Aphasia				••	••	1	3
Dysphasia	• •			•	• •	2	3
Post-operative Cleft Pala			• •			16	13
Cerebral Palsy			• •		• •	2	5
Dysarthria		• •		• •	••	4	8
Hyper-rhinolalia				• •		13	12
Hyper-rhinophonia			• •	• •		3	
Aphonia		• •	• •			1	
Dysphonia		• •		• •	• •	4	4
Partially Deaf	• •	• •	• •	• •	• •	3	6
Chronic Mouth Breathir			ia	• •	• •	_	3
Undiagnosed		·		• •	• •	1	_
Olidiagilosed	• •	• •	• •	• •	• •		
			TOTAL			965	942
			TOIME	• •	• •		
•							
SC	DURCI	es of	REFEI	RRA	L		
SC	DURCI	es of	REFEI	RRA	L	1958	1957
School Doctors	OURCI 	ES OF	REFEI	RRAI	L 	1958 279	268
School Doctors Birmingham Children's	 Hospita		REFEI	RRAI	L 	279 16	268 19
School Doctors	 Hospita		• •		• •	279	268 19 53
School Doctors Birmingham Children's	 Hospita Therapi		• •		• •	279 16	268 19
School Doctors Birmingham Children's School visits by Speech	 Hospita Therapi	 l sts	• •		• •	279 16 45	268 19 53
School Doctors Birmingham Children's School visits by Speech ' Heads of Schools	 Hospita Therapi 	 l sts	•••		• •	279 16 45 164	268 19 53 184
School Doctors Birmingham Children's School visits by Speech 'Heads of Schools Parents	 Hospita Therapi 	l sts			• •	279 16 45 164	268 19 53 184 25
School Doctors Birmingham Children's School visits by Speech 'Heads of Schools Parents Midland Spastic Associate	 Hospita Therapi 	l sts			• •	279 16 45 164 24	268 19 53 184 25 1 15
School Doctors Birmingham Children's School visits by Speech 'Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic	 Hospita Therapi 	l sts			• •	279 16 45 164 24 — 14	268 19 53 184 25 1 15 1
School Doctors Birmingham Children's School visits by Speech' Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic	 Hospita Therapi ion	1 sts			• •	279 16 45 164 24 — 14 1	268 19 53 184 25 1 15 1 5
School Doctors Birmingham Children's School visits by Speech ' Heads of Schools Parents Midland Spastic Associat Child Guidance Clinic Parent Guidance Clinic General Practitioners	Hospita Therapi 	sts				279 16 45 164 24 — 14 1 6	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech of Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic	Hospita Therapi .ion 	 1 ssts 				279 16 45 164 24 — 14 1 6 9	268 19 53 184 25 1 15 1 5
School Doctors Birmingham Children's School visits by Speech' Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital	Hospita Therapi 	 1				279 16 45 164 24 — 14 1 6 9 1	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech of Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic	Hospita Therapi 	 1 sts 				279 16 45 164 24 — 14 1 6 9 1	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech's Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital Public Health Department	Hospita Therapi tion	 1 sts 				279 16 45 164 24 — 14 1 6 9 1 1 3	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech's Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital Public Health Department Residential Homes Uffculme Clinic Uffculme Clinic	Hospita Therapi	 1 sts 				279 16 45 164 24 — 14 1 6 9 1 1 3	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech' Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital Public Health Department Residential Homes Uffculme Clinic Wordesley Hospital	Hospita Therapi	1 sts				279 16 45 164 24 — 14 1 6 9 1 1 3 3 1	268 19 53 184 25 1 15 1 5 2
School Doctors Birmingham Children's School visits by Speech' Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital Public Health Department Residential Homes Uffculme Clinic Wordesley Hospital	Hospita Therapi tion nt	sts				279 16 45 164 24 — 14 1 6 9 1 1 3 3 1 1	268 19 53 184 25 1 15 1 5 2 1 2
School Doctors Birmingham Children's School visits by Speech' Heads of Schools Parents Midland Spastic Associate Child Guidance Clinic Parent Guidance Clinic General Practitioners After-Care Officers Aural Clinic Dudley Road Hospital Public Health Department Residential Homes Uffculme Clinic Wordesley Hospital	Hospita Therapi	sts				279 16 45 164 24 — 14 1 6 9 1 1 3 3 1 1	268 19 53 184 25 1 15 1 5 2

REASONS FOR DISCHARGE	1958	1957
Number of patients cured	184	150
Number of patients whose speech has very much		
improved	77	94
improved		
Number of patients discharged as Speech Therapy was	2	2
Number of patients discharged as Speech Therapy was	4.7	4.0
contra-indicated Number of patients referred to Child Guidance Clinics	17 6	12
Number of patients failing to attend	68	77
Number of patients leaving school whose speech had	00	/ /
very much improved	6	17
very much improved		
improved	3	6
Number of patients leaving Birmingham district	11	17
Number of patients transferred to Special Schools	8	6
Number of patients referred to Birmingham Children's		4
Hospital		1 1
Number of patients discharged to clinics within the city	_	1
while under treatment	55	
Total	437	389
ATTENDANCES AT SPEECH CLINICS	1050	1957
	1,917	2,100
	3,209 1,742	2,125 1,538
	1,229	1,057
	1,658	1,475
	323	712
Lea Hall	291	
	1,183	917
Total 1	1,552	9,924
_		

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of Birmingham Chest Services, reports:—

"Notifications

The number of notifications of children was greater in 1958 than in 1957, though the increase was greater, 42 to 69, in pre-school ages than in school ages, with an increase from 95 to 103 (Table 1). The increase occurred entirely in the pulmonary forms of the disease, and was possibly related to the increased yield of cases from routine contact examination (see below). Of the 101 notifications of pulmonary tuberculosis at ages under 10 years, no fewer than 58 resulted from routine examinations of children from households where a case of tuberculosis had been notified, usually recently.

Deaths

In recent years deaths from tuberculosis in children of school age have been rare: during 1958 two deaths were so classified (Table 2). One was due to misadventure during an operation for a tuberculous gland, the other was due to the late effects of tuberculous meningitis in a child aged 5 years. Neither can be taken to suggest any recent falling off in preventive methods or early case finding.

Contact Examinations Examined Found Tuberculous 0 — 15 years

The number of examinations of children as contacts of known cases of tuberculosis was 1,550 in 1958, a decline of 253 compared with the previous year, and almost exactly the same number as in 1956. The number of cases notified as a result of these examinations has, however, steadily increased from 26 in 1956, to 38 in 1957, and 59 in 1958. Part of this increase may be due to changing standards for notification, but part is probably also due to more intensive effort to examine children especially at risk.

Sanatorium Treatment

69 Birmingham children were admitted to Yardley Green Hospital for treatment of tuberculosis during 1958, and a further 78 Birmingham children were admitted to Kyre Park Hospital, Tenbury Wells. There are schools at both these hospitals with excellent arrangements for continuing the education of the children to the fullest extent that their medical condition will allow.

BOYS AND GIRLS ANNUAL NOTIFICATIONS AND DEATHS FROM TUBER CULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

ROM IO.	DENCE	JLUS.	12 114 CI	TITDICTIA	OI SCIIO	OF HOL	
				Notifications		Totals	Deaths
			0-4	5 —9	10—14	0—14	5—14
			Years	Years	Years	Years	Years
1936-40			65	41	34	140	21
1941-45			78	44	36	158	22
1946-50			95	66	52	213	16
1951			96	82	41	219	8
1952			94	84	71	249	4
1953			99	115	69	283	3
1954			82	66	74	222	3
1955			74	86	69	229	3
1956			85	62	54	201	1
1957			42	51	44	137	0
1958	••		69	44	59	172	2

Table 2

BOYS AND GIRLS NOTIFICATIONS AND DEATHS FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS

ricom robin	011	Pulmonary		Non-Pi	lmonary	All Forms	
Age Groups		Cases	Deaths	Cases	Deaths	Cases	Deaths
0—4 years		62	1	7	0	69	1
5—9 years		39	1	5	1	44	2
10—14 years		50	0	9	0	59	0
TOTALS	-	151	2	21	1	172	3 ''

B.C.G. VACCINATION OF SCHOOL CHILDREN

	(within the scheme) o schools					352+10
						third visits
Number of clinics	held at Public Health	Depar	tment i	for chil	dren	
who were abso	ent at time of visits to	school	s			14
Number of parents	approached					16,829
	who accepted B.C.G					12,909
	who refused B.C.G.					3,920
Children Fully	Numbe r	Nı	ımber		N	Jumber
Mantoux Tested	Negative	Vac	cinated		P	Positive
*13,043	11,412	11	,386			1,560
1 IN 10 SAMPI	LE TESTING A YE	AR A	FTER	VACC	INAT	rion

Number Tested
879
Number Converted
874
Number Not Converted
5

During the year 713 children who showed a strongly positive

During the year 713 children who showed a strongly positive Mantoux reaction without B.C.G. vaccination have been sent for immediate x ray. 47 were referred to the Chest Clinic and 11 were notified as tuberculous.

9 children who were found to be Mantoux positive without vaccination during previous years were notified during 1958 as suffering from tuberculosis.

One child, vaccinated with B.C.G. on 28.10.54 was notified during July 1958, as suffering from tuberculosis.

* Some of the 13,043 Mantoux tested in 1958 were children whose permissions were obtained in 1957.

MASS RADIOGRAPHY SURVEYS

Dr. L. A. McDowell, Medical Director, gives the following report and particulars:—

"In 1958, the policy was continued of x raying only those children who gave a positive reaction to the tuberculin test, and children whose parents had refused permission for the test to be performed. The number of school children x rayed during the year showed a decrease of about 2,000. This is probably due to the falling rate of tuberculin-positive school children.

The value of examining the hypersensitive tuberculin-positive school children quickly, and not waiting for the routine examination of all tuberculin-positive children, was strikingly shown by the fact that all the active cases were found amongst this group, viz., 12 (16.5 active cases per thousand examined).

For the sixth year in succession, no active cases of tuberculosis were found amongst students attending Colleges of Further Education."

BIRMINGHAM MASS RADIOGRAPHY SERVICE

Mass Radiography Surveys of Pupils attending Schools and Colleges of the Birmingham Education Committee, 1959

	1			1							
	ities		No Action	w	₩.		1	7			←
	Other Abnormalities		Reported to Doctor Only	4	I	-	←	1		7	₩.
JRVEYS	Oth		Referred to Chest Clinic or Hospital	σ,	1	-	-	1		←	ı
RESULTS OF THE SURVEYS			No Action Doctor	. 13	2		1	1		33	1
Resur	Conditions	Inactive	Reported to Doctor Only	9	1		1	1		12	
	Tuberculous Conditions		Referred to Chest Clinic	6	I	₩	1	1		35	-
		Active	Referred to Chest Clinic or Hospital	1	1	1	1			12	1
7ED		7.04.01	1 0141	2,826	177	771	173	192		727	629
NUMBER X RAYED		200	3	1,470	83	335	56	48		377	235
N _U		Rome	S. Corr	1,356	94	436	117	144		350	424
	Group		1. Tuberculin-positive children and Refusers* (a) Secondary Modern and All-age Schools	(b) Comprehensive Schools	(c) Grammar and Technical Schools	(d) Schools of K.E. Foundation	(e) Special Schools	2. Hypersensitive tuberculin- positive children	All Schools	3. Colleges of Further Education Full-time Students	

Cases of Active Tuberculosis

IZ.	12 (16.5 per thousand)	. IIZ
Tuberculin-positive children and refusers	Hypersensitive tuberculin-positive children	Colleges of Further Education
+;	7	3.

* Refisers - Children whose narents refised to allow them to be nihermilin rested Hypersensitive tuberculin-positive children
 Colleges of Further Education

CHILD GUIDANCE SERVICE

Dr. Burns, the Senior Psychiatrist, reports:

"In the notes written for the Principal School Medical Officer's report for 1957 — which was the Jubilee Year of the School Health Service — I gave a brief sketch of the developments in Child Guidance during the past twenty-five years or so. This year it may be appropriate to make some remarks concerning the future, and its needs.

The Inter-Clinic Conference held in London in 1957 dealt with the topic: 'Child Guidance — the Changing Scene'. In my remarks as Chairman at the opening session, I expressed the view that the scene had not changed very much since the beginning of Child Guidance work, though of course there had been expansion and development in certain directions.

I would still maintain this, but ask the question: should there not be more change? Is there not a danger that the routine may tend to get stereotyped?

The selection of cases for reference to Child Guidance Clinics has not changed very greatly. The routine in clinics themselves — the child being seen first by the Psychologist, the mother by the P.S.W., and then both by the Psychiatrist in certain cases — remains much the same, tending to be dictated by ease of internal administration, rather than by the exigencies of each case. In effect, some cases do not require this rather elaborate procedure, and could be dealt with in simpler ways; either before they ever reach the clinic, e.g., in pediatric departments, school clinics, etc., or by greater elasticity within clinics themselves.

In this way, waiting lists and 'bottle-necks'— the bug-bear of all clinics — could be eliminated, without undue extension of Child Guidance Services; for which it is still very difficult to find sufficient suitable personnel.

In this city, thanks to the expansion of the Psychologist's side of the work, including the testing of possible E.S.N. children in the schools, there has been more personal relationship with Head Teachers and Teachers, with direct discussion of difficult cases of all types. The knowledge thus gained as to the psychological atmosphere of different schools is also useful!

There has also been an increase in the work of Child Psychiatrists in pediatric hospitals and wards, which is now carried on in three hospitals, though as yet there is no complete team in any of them. It has become increasingly possible to admit suitable cases for short periods into pediatric wards. Medical students show great interest in this side of the work, and even a little 'indoctrination' with regard to the emotional aspect of children's disorders can be of great value.

It is to be hoped that before long an in-patient Psychiatric Unit for children from the region, will be established. At present some few but urgent cases requiring this form of disposal, are sent to hospitals outside the region, and some may have to wait long for admission.

The supply of schools for maladjusted children has begun at last to be sufficient to meet demands, but more are needed of different types. The question of training suitable personnel has unfortunately been woefully neglected, and a national scheme is required.

What are needed, in my opinion and in that of many experts, are boarding schools which are something between Schools for Maladjusted Children and Approved Schools. There are many children, expecially of the comparatively neglected, pre-delinquent type, who would benefit greatly from ordinary boarding schools—rather of the open-air school variety. The need has been and still is urgent, to my mind; particularly as the housing situation in big cities is still far worse than most people realize. In many of our cases, gross overcrowding, and depressing conditions, are a major factor in the problem. The idea that it is always a confession of failure to remove children from a home, unless that home is beyond the pale, tends to become a fetish in some quarters.

The work of Child Guidance also impinges on the activities of many agencies and individuals concerned with 'maladjusted children,' for example: the Courts, Probation Officers, School Welfare Officers, General Practitioners, and various others, apart from the Schools and School Health Service. While co-operation in general is on the whole adequate, and often very close, personal contact, in groups or individually, is not as close or frequent as it might be. Meetings for groups should be held more often; it is for the good of both sides that this should be done. Increasing knowledge especially of the more esoteric side of Child Guidance, i.e., the dynamics of unconscious processes, and the more subtle inter-play of emotional factors generally, is of value to all who work in the field of child welfare and education; it deepens and extends the scope of prevention and early curative work in the mental field — which will increasingly be done outside the clinic itself in future.

Knowledge of child development, and care in the emotional or mental as distinct from the physical field, is becoming increasingly widespread through women's magazines, T.V., and other means, as well as instruction in Maternity and Infant Welfare Clinics. The emotional implications connected with feeding, weaning, excretion, common fears, jealousies, etc., are becoming common knowledge—which is very much to the good. Medical and nursing students could still do with a good deal more knowledge of child psychology in the psycho-somatic and dynamic aspects of development, closely linked as it should be with paediatrics.

In short, many of the problems now tackled at Child Guidance Clinics, with elaborate and costly procedures, should be dealt with at

earlier stages with simpler means; leaving the more complex problems, needing intensive treatment, for the specialized clinic.

A great many of the problems in behaviour with which we have to deal, should never have arisen, had not parents lost confidence in their capacity to deal with their own children. We live in an unsettled period — in an age of anxiety — when settled traditions have been over-thrown, when ideas about child upbringing have changed rapidly, so that young parents are afraid to be firm, or else afraid to give adequate freedom. Some are afraid to deny any of their children's desires and demands; others expect too much in the way of conformity, or too high a standard in achievement. The advice given by doctors, nurses and teachers is also equally at variance, and often depends more on individual bias rather than knowledge (e.g., to smack or not to smack!).

There are indications, however, that the spread of psychological knowledge is bearing fruit, and that the next generation of parents — if spared from wars and threats of war — may produce fewer candidates for Child Guidance."

Mr. J. W. Bannon, Senior Educational Psychologist, reports:—

"Although the year ended with the staffing situation fairly satisfactory there were periods when the clinics were very understaffed, particularly with P.S.W.s. Birchfield Clinic was worst hit in this respect. Fortunately two P.S.W.s were appointed in October thus filling five of the six established posts. No suitable candidate, however, could be found for the Remedial Teaching post at Birchfield Clinic which has remained vacant since Easter.

Considerable work was done in training programmes, both in lecturing by Psychiatrists, Psychologists, P.S.W.s and Remedial Teachers, and in supervised practical training. Among those making use of the Service were teachers in Primary and Secondary Schools, post-graduate students of Social Science, members of the Diploma Courses in Educational Psychology, Child Psychology, the Teaching of Handicapped Children and the Teaching of E.S.N.s, the Health Visitors' Course and Probation Officers. This trend is vital to the preventive work of the Service and the staff welcomes it in spite of the added burden it creates.

Local Education Authorities' Child Guidance Clinics in many parts of the country have developed from Schools Psychological Services. Traditionally, however, the Service in Birmingham has always been clinically orientated. Contact with schools has been maintained mainly through the need for psychologists to visit schools to discuss individual cases under treatment at the clinics. Schools Psychological work, with the exception of assessments of backward pupils, in the circumstances, has been incidental to Child Guidance. Remedial teaching by clinic staffs, for example, was carried out in

the clinics only with children who presented psychological problems. In September 1958 a pilot scheme was inaugurated for Remedial Teaching within the schools by specially qualified teachers. Nine schools in the central area were selected for the experiment. Surveys of intelligence and reading attainments were made by the teachers and a psychologist and small groups were organized for special teaching. The survey revealed the extent of the problem in this overcrowded area, a problem hitherto recognized but not accurately assessed. The results of the work between September and December were most encouraging and it is felt that a wide extension of the scheme will have very noticeable effect on the standards of reading ability throughout the city.

Besides individual and group teaching in the selected schools it is intended that the personnel involved in the scheme should make available their specialist knowledge to head teachers in other schools who so desire it. Courses for teachers in the teaching of reading and in remedial teaching are planned and it is hoped to establish attainment norms for the city which will enable teachers more accurately to measure the progress of their pupils and to assess their needs.

The figures for children referred and assessed as E.S.N. very closely resemble those of the previous year and it would appear that teachers subjective estimates of the intellectual capacity of their pupils have maintained the standard reached in 1957.

In addition to the testing programme for backward pupils, all cerebral palsied children under 9 years of age were tested, as were a group of children with impaired hearing in the Braidwood School. The most striking finding of these surveys was the unreliability of existing tests as measurements of general ability in cases of these special handicaps. The standardization of tests designed specifically for cerebral palsied and partially deaf children is obviously an immediate need, but it is difficult to see how such tests can be constructed in view of the wide variations in degree of disability, age of onset (or, with the partially deaf, discovery) and of time during which S.E.T. has been provided. However good the techniques of a test might be its reliability would be vitiated by these factors.

On waiting list at 31.12.57 Sources of referral:	• •	• •					74
Parents							92
School Medical Officers							168
General Practitioners					• •	• •	68
Hospitals, etc				• •	• •	• •	21
Head Teachers					• •	• •	207
Probation Officers					• •	• •	43
Other agencies			• •		• •	• •	167
							840

Reasons for referral:							
Behaviour problems							356
Nervous symptoms							144
Habit disorders							111
Educational problems							107
Multiple problems							48
							7//
							766
Seen (714):							
Accepted for regular tr	catme	nt					425
Clinic diagnoses, advice Not seen (226):	e and j	periodi	c super	vision	• •	• •	189
Failed to attend				• •			105
On waiting list at 31.12	2.58		• •		• •	• •	121
							840
Cases closed during year:							
Improved Placed away from ho	nie le	o to	School	s for 1	 Maladii	isted	288
children)							19
Did not materialize							105
Other reasons (e.g., no	o impi	roveme	nt, no	со-ор	eration,	left	
district, etc.)							111
							523
Assessments for Special Educat	tional !	Treatme	nt (449)):			
Assessed as E.S.N. (69%							308
Not E.S.N. (31%)	• •						141
							4.40
							449
Tested in connection v	vitli S	ection	57 of t	he Edu	cation	Act,	
1944							111
Cerebral Palsy and Dea	of Surv	reys			• •		53
							613 '

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA AND POLIOMYELITIS

The school medical officers and nurses visit the schools for special investigation when cases of infectious diseases occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health. Where indicated, a public health medical officer visits the schools for special investigation.

No school or department was closed during the year on account

of infectious disease.

There was a welcome fall in the number of cases of measles following the biennial beat of the previous year. Over the previous years it has been noted that the number of cases of whooping cough rose in the "quiet" measles year. Fortunately, however, there was only a small increase in the number of whooping cough cases compared with the previous year.

It is most gratifying to report again that no single case of diphtheria occurred during the year. Several thousand more children completed primary courses of immunization treatment than during the previous

year.

In addition, figures are given for reinforcing injections. It is important, however, to maintain the effort over immunization if cradication of diphtheria as an indigenous disease in this country is to be brought about.

Vaccination Against Poliomyelitis

Prophylactic treatment was continued by the Public Health Department in 1958.

The following details relate to the treatment carried out:

SCHOOLS UNDER EDUCATION DEPARTMENT

Children immunized by Health Department:

2 injections given in school — 348 Nursery, Primary and Senior Schools (220 of these were visited more than twice).

28 Special Schools
4 Open-Air Schools
1 Occupational Centre
than twice each.

11 Providential Nurreries

11 Residential Nurseries

A further 29,954 school children attended local Infant Welfare

Centres and clinics held at the Public Health Department
during school holidays, evenings and Saturday mornings

Total ... 29,954

49,714

TOTAL number of visits paid to schools by Health Department . . 656

SCHOOL CHILDREN IMMUNIZED BY GENERAL PRACTITIONERS

CASES OF INFECTIOUS DISEASES AMONG SCHOOL CHILDREN, 1958

Disease		Sex	5—9 years	10—14 years	Totals
Diphtheria		M F	enthine.		
Dysentry		M F	56 69	19 11	75 70
Encephalitis Acute Infective		M F	1	1	1 2
Encephalitis Post Infectious	• •	M F		_	_
Erysipelas		M F	<u> </u>	1	1 2
Food Poisoning		M F	3 5	6 3	9
Measles		M F	838 826	36 25	874 851
Meningococcal Infection	• •	M F	2 1		2 1
Paratyphoid Fever		M F	_	_	=
Poliomyelitis Paralytic		M F	6	1 1	7 5
Poliomyelitis Non-paralytic	• •	M F	2	1	3
Pneumonia	• •	M F	21 25	11 7	32 32
Scarlet Fever	• •	M F	330 337	54 47	384 384
Smallpox		M F	_	_	
Tuberculosis Pulmonary		M F	39	50	89
Tuberculosis Non-pulmonary		M F	5	9	14
Typhoid Fever	• •	M F	1		1
Whooping Cough		M F	332 393	15 17	347 410

DIPHTHERIA/DIPHTHERIA PERTUSSIS IMMUNIZATION 1958

		bined a/Pertussis	Diphthe	ria Only	Number of	
	Completed Primary	Reinforcing	Completed Primary			
Infant Welfare Centres	5,880	_	412	2,620	646	
Day Nurseries	216	_	16	43	173	Total Number of Sessions
Institutions	31	_	55	51	79	1,629 Individual Injections
Schools	4		2,751	5,521	681	33,163
Council House	178	_	45	171	50	
General Practitioners	9,388	1,210	680	2,368		
Total	15,697	1,210	3,959	10,774		

NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1958 CITY OF BIRMINGHAM. DIPHTHERIA/DIPHTHERIA PERTUSSIS

Adult					3		9		TAF1		5		1 TAF 14 F.T.		15	
Total	412	5,880	16	216	55	31	2,751	4	45	178	089	9,388	3,959	15,697	19,656	
1944					2		4						9		9	
1945					4		3		+=						∞	
1946	1				11		r				-		18		18	
1947	-				4		∞				1		14		14	
1948	1				4		11				1		17		17	3,151
1949					8		28		1			2	37	2	39	3
1950	10				4		177		3		3	4	197	4	201	
1951	14				4	2	489		3		5	16	515	18	533	
1952	54	6				1	1,000		13	1	19	35	1,086	46	1,132	
1953	89	71		4	4	1	910	-	6	1	36	78	1,027	156	1,183	
1954	59	140	2	9	2	3	79	2	8	2	48	115	198	268	466	
1955	67	196	7	∞	4	3	33	1	3	2	52	165	166	375	541	25
1956	71	493	2	50	2	1	4		1	12	116	812	196	1,368	1,564	12,325
1957	50	3,368	4	119	2	15			2	98	358	5,750	416	9,338 1,368	9,754	J
1958	16	1,603	1	29		5			1	74	40	2,411	58	4,122	4,180	4,180
	F.T.	D.P.P. 1,603	F.T.	D.P.P.	F.T.	D.P.P.	F.T.	D.P.P.	F.T.	D.P.P.	F.T.	D.P.P. 2,411	F.T.	D.P.P.		
Year of Birth	Infant Wolfres Course	mant wenate centre	000000000000000000000000000000000000000	L'ay indisciles	3000	TIPOTE TO THE TI	امرام		Council House		Conoral Descriptionary		Torre		COMBINED TOTAL	Diphtheria/Pertussis

NUMBER OF CHILDREN GIVEN REINFORCING INJECTIONS IN 1958 CITY OF BIRMINGHAM. DIPHTHERIA/DIPHTHERIA PERTUSSIS

DEATHS FROM ALL CAUSES

DEATHS FROM ALL CAUSES AMONG SCHOOL CHILDREN, 1958

EMITIS TROW MLE CHOSES MMOTO	SCHOOL	CILL		11, 17.
Influenza.	Male			
	Female			1
Respiratory Tuberculosis.	Male			_
* /	Female			1
Tubercular Meningitis.	Malc			1
	Female			
Cancer of Genital Organs.	Male			
	Female			1
Cancer, Other Organs.	Male			3
	Female			5
Nervous Disorders and Sense Organs.	Male			1
	Female			2
Heart Disease.	Male	• •		1
	Female			1
Aneurysm.	Male			1
	Female			
Bronchitis.	Male			
	Female			1
Pneumonia (all forms).	Male			1
	Female			_
Acute and Chronic Nephritis.	Male			2
	Female			1
Congenital Malformations.	Male			2 3
	Female			_
Violence.	Malc	• •	• •	12
	Female			10
Other Causes.	Male			3
	Female	• •		3
	TOTAL			56

DEATHS FROM ACCIDENTS OF GIRLS 5—14 YEARS FOR 1958

			10 01 01 01 1750
Ward	Date	Age	Cause of Death on Certificate
DER	4 Jan.	9 years	Burns, etc. Clothing caught fire from electric fire at home (accidental).
W	26 April	12 years	Fright and regurgitation of stomach contents (misadventure).
MH	26 July	8 years	Asphyxia, vagal inhibition due to inhalation of bath water. Collapsed after coming out of water at Swimming Baths (misadventure).
W	27 Sept.	13 years	Haemorrhage due to laceration of aberrant inferior dental artery following extraction (misadventure).
WEO	11 Oct.	7 years	Burns. Clothing caught fire whilst trying to light electric convector heater (accidental).
DER	10 Jan.	13 years	C.O. poisoning. Inhaled coal gas from fractured gas main (accidental).
LO	29 July	10 years	Drowned in sea whilst on holiday (accidental).
LO	29 July	12 years	Drowned in sea whilst on holiday (accidental).
SPL	25 July	14 years	Passenger in motor car in collision with pedal cyclist and brick parapet (accidental).
SPF	19 Oct.	12 years	Passenger of motor car in collision with another motor car (accidental).

DEATHS FROM ACCIDENTS OF BOYS 5-14 YEARS FOR 1958

Ward	Date	Age	Cause of Death on Certificate
AS	5 April	11 years	Extensive burns. Clothing caught fire from coal fire in living room at home (accidental).
ERD	10 May	7 years	Fractured skull. Pedestrian in collision with motor lorry (accidental).
MH	24 May	10 years	Fractured skull. Fell through skylight of factory roof (accidental).
STE	14 June	14 years	Cyclist in collision with motor car (accidental).
D	13 Sept.	10 years	Contusion kidney. Struck in side by turf of grass (accidental).
WEO	20 Sept.	10 years	Fractured skull. Pedestrian in collision with omnibus (accidental).
SPF	4 Oct.	14 years	Fractured skull. Pedal cyclist fell from his machine (accidental).
Y	11 Oct.	5 years	Drowning. Fell in river in spate (accidental).
A	25 Oct.	5 years	Multiple injuries. Pedestrian in collision with motor car (accidental).
GRA	15 Nov.	12 years	Multiple injuries. Pedestrian in collision with motor lorry (accidental).
KGS	27 Dec.	7 years	Multiple fractures of pelvis. Pedestrian in collision with omnibus (accidental).
SPK	3 Jan.	6 years	Shock and haemorrhage. Pedestrian in collision with motor van (accidental).

It is sad to note that the overall number of deaths in this age group due to accidents has risen this year. The wastage of precious young lives continues to give rise to much concern and the details of the causes are set out in the hope that thought is given to their prevention. There is need for making parents aware of unnecessary dangers at home. This is ably undertaken by the Royal Society for the Prevention of Accidents, the Birmingham Accident Prevention Council and the Birmingham Accidents Committee.

Street accidents, however, still take their toll. Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council), and the circulation of leaflets, a very strong bid is being made to reduce the number of deaths

and injuries resulting from accidents.

Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years

included road safety as part of the curriculum in schools.

In this connection the Report of the Working Party on Child Cyclists, published by H.M.S.O., is very helpful. The Minister of Transport has accepted the report in principle and intends to establish a national scheme as soon as possible on the lines suggested.

INSTITUTE OF CHILD HEALTH

Professor M. Hubble includes the following in his report:—

"In the Report of the Council for 1957, Professor Smellie briefly reviewed the history of the Institute from its beginning in 1946. He emphasized the close association which the Department of Paediatrics and Child Health had maintained with the Child Welfare and the School Health Services of the City of Birmingham. This association had been greatly facilitated and strengthened by the two heads of the Child Welfare Department and the School Health Service to whose distinguished work Professor Smellie paid tribute.

Professor Smellie made no reference to the third member of this triumvirate — himself. His devoted work, his gracious personality and his wisdom have ensured the success of the Institute and, while wishing him happiness in his retirement, we confidently expect to have the benefit of his continued guidance.

The plans for a physical home for the Institute, to which Professor Smellie referred in the last report, are proceeding satisfactorily. The Nuffield Provincial Hospitals Trust has now agreed to build the Institute and the architect's drawings will, it is hoped, be approved at the next Trustees Meeting in February 1959. Building operations should be begun this year and it may be that in 1960 the Council will hold its meeting in the new Institute. This is indeed an exciting development and we are very grateful to the Nuffield Provincial Hospitals Trust for their generous support. The Institute will contain a conference room and a library, some laboratories, and offices which will be occupied jointly, it is hoped, by the City Child Health Services, by the College of General Practitioners and by the University Department of Paediatrics and Child Health — the physical expression of the concept which has inspired the generosity of the Nuffield Trust and which will be a valuable step towards the integration of these services which have a common goal — the better health of Birmingham's children. The relations between the hospital, the university and the preventive services could hardly be closer or more cordial, and we shall welcome the opportunity for co-operation with the College of General Practitioners which is so actively expressing the ideals, and stimulating the researches, of general practitioners.

Research in the Institute has made impressive progress. An investigation into the disabling condition of 'infantile spasms' is being carried out in the electroencephalographic department, and the early results of treatment by A.C.T.H. are promising. Studies of lipid and lipoprotein patterns in childhood diabetes continue and studies of protein bound carbohydrate in the urine and in the serum in diabetes as well as in other metabolic disturbances have been initiated. Steady progress continues in the study of congenital heart disease and in this connection the method of cineangiocardiography

is being further developed and its application and interpretation is becoming more clearly understood. The surgical department maintains its interest in the problems of neonatal obstruction and tracheo-oesophageal fistula. Epidemiological studies of the spread of infection in the wards of the hospital are concerned mainly with the enteropathogenic sero-types of escherichia coli. A chromatographic study of steroid excretion patterns in foetal adrenal hyperplasia has been initiated in conjunction with the Department of Endocrinology and this has already achieved a useful result. Other researches include a long term follow-up of infants who suffered neonatal 'cold injury,' a study of hearing defects in early childhood, work on the cellular composition of normal urine in infancy, and an investigation into the causes of sudden death in infancy."

PHYSICAL EDUCATION

Miss A. Thorpe and Mr. J. F. McCarthy, Organizing Inspectors of Physical Education, report:—

"In all the schools in Birmingham, physical education is regarded as a most important contributory factor in the general education of pupils, and Heads of all types of schools make careful arrangements to exploit the facilities for physical education which the Authority makes available. Although physical education is not primarily 'corrective,' the conditions imposed by a concentrated and highly industrialized city on the daily life of its citizens emphasize the need for adequate opportunity for social and physical recreation. It therefore becomes all the more important that physical education in the schools should seek, amongst other aims, to arouse the interest and improve the ability of boys and girls in physical activities which are likely to afford a large measure of compensation for any restrictions which city life may impose. The expansion of the physical education programme in so many schools, so as to include more outdoor pursuits, has been a marked development in recent years and in the past year there has been some acceleration of this development which has, no doubt, been promoted by the interest and enthusiasm of pupils and teachers. Many schools are arranging camps and expeditions of various kinds, some in school time, and a greater variety of the more game-like activities are also being presented to pupils. At the same time, the Authority is providing help and encouragement in several ways, sometimes financial, sometimes in the form of material or equipment, and all the time with expert advice and training courses which enable teachers to acquaint themselves with new information and techniques, and current developments in all aspects of physical education.

It is pleasant to be able to report that the traditionally good response of teachers to the courses which have been offered has been

maintained throughout the past year. The list of courses which were organized and conducted appears below and it should be noted that in all 632 teachers took part and that between them they devoted 274 hours to study and practice in the various activities.

Facilities for physical education in the schools have continued to improve. The opening of more new schools with gymnasia and ancillary accommodation, good halls and improved hard surface areas has again taken place and in some instances the conditions in older schools have been vastly improved by the installation of apparatus in halls which have been set aside for physical education purposes. In the latter instances, however, it is a matter for regret that so far it has not been possible to provide showers and proper changing accommodation and we trust that as soon as circumstances permit, these further improvements will be made.

The acreage of playing fields available for schools use is still insufficient, although some extensions have been made, and while the shortage is generally throughout the city, we are much concerned with a particularly acute shortage with which schools in the Sheldon/Tile Cross area are faced. The opening of the playing fields at Bromford Race Course will undoubtedly offer some measure of relief for a short time but this playing field is some distance from the area and the time spent in travelling as well as the cost of the transport is unfortunate.

During the year about 754,598 attendances were made by children in organized classes at Swimming Baths. The demand for time at the baths has increased year by year and the past year is no exception. With the ready co-operation of the General Manager of the Baths Department and his staff, the utmost is done to accommodate all demands as far as possible, and we wish to say how much we appreciate the work of the Group Secretaries for the various baths. In compiling time-tables, keeping them up to date, and in maintaining proper relations between schools and baths they give the Authority most valuable voluntary service.

We would like to express our admiration for those schools which have maintained a full programme of physical education in spite of the shortage of teaching staff. The demands of the subject on the time and energy of the teachers, even outside normal duties, are very great indeed and while it might be expected that specialist teachers would have difficulty in meeting these demands, it is nevertheless true that the non-specialist teacher is carrying out the function of the teacher of physical education in the most praiseworthy manner and in spite of the limitations of his training in this respect. It is hoped, however, that greater numbers of teachers with specialist qualifications in physical education will become available to provide added inspiration and higher standards in attitude and performance in those schools where this is required."

COURSES IN PHYSICAL EDUCATION FOR MEN TEACHERS AND FOR MEN AND WOMEN TEACHERS, ORGANIZED BY THE EDUCATION COMMITTEE FROM 1st JANUARY—31st DECEMBER, 1958

		Course and Dates	Total Number of Teachers Attending	Hours
	1.	Swimming Instruction for Men Teachers in all types of schools. 22.1.58 — 21.3.58		12
	2.	Physical Education for Men Teachers in Secondary Schools of all types. 27.1.58 — 24.3.58	17	12
	3.	Circuit Training for Men Teachers in Secondary Schools. 4.2.58 — 11.2.58	37	4
	4.	Course on Modern Educational Trends in the Physical Education of Girls and Women from the Primary through the Secondary to the Further Education stage. 13.2.58 — 27.3.58		11
	5.	Irish Dance for Men and Women Teachers in all types of Secondary Schools. 21.2.58 — 8.3.58	32	8
	6.	Tennis for Men and Women in all types of Secondary Schools. 13.3.58 — 29.3.58	14	9
	7.	English Folk Dance for Men and Women in all types of Schools. 21.3.58 — 29.3.58	43	8
	8.	Meeting: Judging of Athletic Events. 26.3.58	25	2
	9	Physical Education for Men Teachers in Primary Schools. 5.5.58 — 16.6.58	52	9
1	10.	Study Course for Heads (or Deputy Heads) of Schools on Modern Trends in Physical Education in Infant Classes. 15.5 58 — 26.6.58		12
	11.	Course in Camp Craft for Women Teachers and Leaders. 3.6.58 — 6.7.58	27	52
	12.	Association Football Refereeing for Men Teachers in all types of schools. 12.6.58 — 17.7.58	17	9
	13.	Parallel Courses in Basic Camp Craft for Men Teachers. (1) 13.6.58 — 15.6.58 (2) 20.6.58 — 22.6.58	8 8	48 48
1	14.	Course for Women Teachers in Primary and Secondary Schools on the Teaching of Swimming to Beginners. 16.10.58 — 11.12.58		12
1	15.	Physical Education for Men Teachers in Secondary Schools. 28.10.58 — 2.12.58	30	9
	16.	Teaching and Coaching of Basket Ball for Men Teachers in all Secondary Schools. 23.9.58—21.10.58	17	13
	17.	A Course for Women Teachers on Hockey Coaching. 17.10.58 — 15.11.58	14	Я
			632	274

CAMP SCHOOLS

During the year 1958, 1,294 children visited the three Camp Schools at Stansfeld, Oxford; Bell Heath, Romsley; Bockleton, near Tenbury Wells. It has not been possible to utilize the Camp Schools to their fullest extent, as Bell Heath is still without any resident teaching staff, and it was only in use for a period of 6 weeks, when the visiting schools provided their own staff. The Assistant Teacher at Stansfeld Camp School resigned her post in August, and it was not possible to get a replacement. During the year the length of stay at Stansfeld was reduced to 17 days and is now the same as at Bockleton Camp School, thus allowing the staff to have every third week-end free. During the August holidays, a party of English Grammar School boys visited the camp at Oxford, together with a party of German boys from Frankfurt.

All children are medically examined before going to the Camp Schools, and there has been little sickness except for a few cases of tonsillitis at Oxford, and a case of measles. One girl fell down during her stay at Bockleton and was taken to hospital for treatment. Difficulty did however arise because the parent's consent to the administration of an anaesthetic was not readily available, and it is proposed to obtain parental consent before children visit the Camp Schools, to any emergency medical, surgical or dental treatment, which may be advised by the Medical Officer.

Arrangements were made for improvements to the heating at the Stansfeld Camp School and in particular in the main dormitory.

Number of Parties of Children.

Stansfeld — 12 parties plus German boys.

Bockleton — 15 parties (this includes two Grammar Schools who shared a period)

Bell Heath— 5 parties (including St. Francis)

			Dates of Opening	Dates of Closing
Stansfeld		 	12th March	17th December
Bockleton		 	4th March	16th December
Bell Heath	• •		16th June	8th August

Number of Pupils.

Stansfeld Camp School (includes Ger	man party, 30)	504
Bockleton (493 girls, 62 boys)		555
Bell Heath		240
	TOTAL 1	,294

Holiday Camp for Diabetic Children

One boy attended a summer holiday camp for diabetes for a fortnight.

NURSERY SCHOOLS AND CLASSES

Number of Nursery Schools .. 24 Number of Classes .. 45

The value of the Nursery School is well established and consideration has been given to ways by which the facilities can be extended. Accordingly arrangements were made in May for part-time attendants at given Nursery Schools and at one Nursery Class. The class became wholly part-time but at the Nursery Schools the places are mixed full-time and part-time. About 20 places have been made available for the children attending either a morning or afternoon session.

Here is an opportunity to experiment in nursery school education. Valuable experience is being gained on the needs of groups of children in the various parts of the city, and the superintendents are carefully evaluating the benefits to the children. There must not be any departure, however, from the standards associated with the Nursery Schools.

THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

Dr. Dorothy M. Beaumont reports:-

"The main achievement of an active year in which we are glad to report an increase in the number of children visiting the Farm was the improvement to the cow-house made possible by a generous gift from the late Mrs. Henry Cadbury's family in memory of their mother. The total result, with a large window inserted, a new ceiling and convector heaters installed, is a cosier room for the children to play in bad weather. Unfortunately painting of the concrete floor was delayed through the children's arrival but this will be finished early in 1959.

Mrs. Cadbury's family also gave an attractive sculptured stone plaque depicting three children in relief holding flowers. This has been set into the brickwork above the cow-house door as a memorial to Mrs. Henry Cadbury. Against these rural surroundings its very simplicity expresses the spirit of the Farm where city children explore,

unfettered, everyday country pleasures.

The grounds have been much improved this year with the help of Mr. Gregg of Avoncroft College and Mr. Harris of Hanbury. Mr. Gregg had the kitchen garden straightened out and the grass cut in the spring and Mr. Harris sent his men to cut the long grass in the orchards making it easier for the children to play there. The long grass has always been a problem and can even alarm very small children unused to the country. The hedges also were trimmed. We are very grateful to Mr. Gregg and Mr. Harris for their help.

A group of young people from the Fellowship of Reconciliation painted the bathroom and twelve recently acquired good second-hand nursery chairs.

Special mention must be made of Henry Wiggins Co. Ltd., Employees Benevolent Fund Committee who provided a new properly built sandpit, a strong wooden swing, a chute designed for use either in the orchards, cow-house or paddling pool and a rocker roller see-saw. All were much used and loved by the children.

We deeply appreciate the generosity of this committee who have been helping us for several years, giving us this outstanding contribution in addition to their usual donation in 1958.

Many improvements in the grounds have been facilitated by a grant of £100 from the Feeney Trust.

A summer of variable weather did little to spoil the enjoyment of visitors, who ranged from infants to adults, as extracts from letters further on show. There is an almost unbroken story of added health and happiness often ending with the phrase, "would like to have stayed longer." Home-sickness was rare and apart from a small boy taken to hospital with an abcessed tooth, there were few instances of indisposition.

The visitors included 145 nursery children who spent a day at the Farm and 157 children (including 10 infants) who spent a week or longer.

For the first time one school, Cowper Street, took five nursery class children and ten infants. The Head Teacher, Miss Cope, hopes to repeat this experiment which proved a great success.

This is what some of the staff in charge of city nursery school children wrote:

From Dartmouth Street: 'the children soon became brown and developed enormous appetites' . . . 'the new window in the cowhouse was a great improvement and we made good use of the new clothes aircrs'.

From the Edith Cadbury Nursery School: 'the visit to Fockbury Valley Farm to see cows being milked was much enjoyed, but the children expected to drink the milk there and then.'

From Bacchus Road: 'Mrs. Collins looked after us very well and there was plenty of food. We do hope we can go again next year — the children are still talking about it'.

From Anglesey Nursery Class: 'the staff were gratified that the children gained weight'.

From Montgomery Street: 'everything was done to make us comfortable and the food was delicious'.

From Selly Oak: 'the children climbed the trees in the orchard and fields and enjoyed immensely the day we spent cleaning out the paddling pool for use'.

From Brearley Street: 'the children jumped out of the cars full of excitement for this was the day they had been looking forward to . . . all so different from the homes and the district from which the children had come and yet immediately everyone was 'at home'.

We are indebted to Dr. Mundy, Dr. White and Dr. Elliott for their readiness to come to the Farm if needed, and for the help and

interest that Mrs. Wall, Health Visitor gives us".

Report from Dr. White:-

"My partners and I have little to report in regard to our visits to children taken ill whilst staying at The Dodford Nursery Children's Holiday Farm during the past year. In fact, we have only had to visit them on less than a dozen occasions during the period they have been in residence there during the 'summer' months.

The fact that the illness rate has been so low is a credit to the conditions at the Farm and for the way the teachers and permanent

staff look after the children whilst they are there.

On one occasion, we had 3 children in bed at the same time with short-lived temperatures and mild-tonsilitis and on another occasion we had to treat a child with a boil at the Bromsgrove Cottage Hospital. Apart from the occasional skin rash there has been no further call on our services.

Dr. Mundy, Dr. Elliott and I send our best wishes for 1959 and trust that the Holiday Farm will have a successful and rewarding year."

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Miss D. A. Ashby, Superintendent School Nurse, reports:-

"As in recent years the nursing strength has fluctuated and remained considerably below establishment throughout 1958. It has become increasingly difficult to attract health visitors to the service, for reasons beyond local control, and nurses who are not qualified in this way have to be very carefully selected if the particular needs of the work are to be met and standards maintained. Follow-up, liaison, and home visiting of the specially needy and difficult families, is the section of the work most badly hit by the continual staff shortage.

During the year that is past much thought has been given to this matter; and it has been considered desirable to re-plan the school nursing work so as to enable a proportion of the nurses to carry out the bulk of the screening work of the hygiene and vision surveys and allow more time to the experienced nurses and health visitors for home visiting, health education and training of new staff and students. At the end of the year, however, it had still been impossible to carry out even a part of this plan with the staff available, because of the pressure exerted by sheer weight of numbers, and the inability to fill vacancies with sufficiently experienced people.

Clinic Superintendents

The value to the nursing service of the appointment of clinic superintendents to the fourteen school clinic areas of the city, which began in December 1955, is now becoming evident. There is greater feeling of unity among the staff as a whole, and there are more closely knit teams in the areas where there is an acknowledged leader who feels herself responsible for maintaining professional standards, helping new staff and training student health visitors. It has also been possible to call the superintendents together as a group several times each year for discussion purposes and this is having its effect in a growing confidence and interchange of ideas. In 1958 there still remained three areas where no clinic superintendent had been appointed.

In Service Training

Since the war it has been impossible to hold staff meetings that all nurses could attend, because of the lack of suitable central premises and the pressure of work. Meetings have been, of necessity, limited to infrequent, duplicated meetings for the discussion of particular difficulties common to all, and matters of opinion and policy.

Since 1948 discussion groups formed of new and inexperienced members of staff have met in my office for tutorial purposes at regular intervals in their first few months of service. These, and the superintendents' meetings, are the only ones possible to maintain regularly under present circumstances.

Hygiene Surveys

The school nurses have carried out their hygiene surveys at intervals appropriate to the needs of each district and commensurate with the time at their disposal, in all schools throughout the year. In the course of this work, in the schools for normal children 263,977 examinations were made; all deviations from normal standards of health and well-being were noted and followed up at suitable intervals. From their hygiene surveys the school nurses referred 3,210 children to the school medical officers and family doctors for investigation.

Vision Surveys

At vision surveys during the year under review the school nurses tested 65,116 children for visual acuity. Of these children 52,472 had normal vision; 3,863 with slight loss of visual acuity and no other symptom were kept under observation, for re-test during subsequent follow-up; 6,461 were already wearing glasses or had had them prescribed; and the remaining 2,320 were referred to the school medical officers for further examination or refraction. In some areas it is still impossible to arrange sufficient surveys to ensure that all the children are tested at suitable intervals.

Nursery Schools and Classes

The work amongst nursery children follows much the same pattern as the school nurse's work for the school-age child, except that extra precautions are taken to safeguard the children because of their tender age. Visits to the nurseries are made more frequently, expecially when there is an outbreak of infection in a neighbourhood, and absences are always followed up; the nursery staffs are encouraged and helped to maintain good standards of personal hygiene among the children and to treat minor ailments and injuries in the nursery; and the nurse is always on call to the nursery school and her services made readily available in time of need.

Follow-up and Home Visiting

From new admissions to school, medical inspections and the nurses' hygiene and vision surveys a great deal of follow-up work accumulates. This entails seeing the children again at varying and regular intervals in school, consultation with teachers and a great deal of home visiting. It also entails considerable liaison with other workers in the health and welfare fields, including particularly the family health visitors, family doctors, attendance officers, probation officers and social workers in statutory and voluntary services. When staff is overloaded or inexperienced, this side of the work is always the first casualty and the more help a family needs the more time and effort is necessary to avoid overlapping and to prevent the family falling to the ground between two (or more) stools.

In many areas of the city, during the past year, follow-up, in all its many aspects, has been inadequate to meet the needs, especially in the central areas and the new housing areas near the periphery, where so many families have been uprooted and find themselves in difficulty. More follow-up is needed also for some of the coloured children in our midst, where language is a barrier to understanding often encountered by the nurses when home visiting. During their follow-up sessions the school nurses saw 7,770 children, 2,753 of whom were kept under further observation, 4,130 had been satisfactorily dealt with and 887 were referred back to the school doctors. A great deal more work is done than is actually represented by these figures. Follow-up is a continuing process, practised by all the experienced nurses during the course of every activity in which they are engaged; for this reason statistics are always likely to be inadequate.

Home visiting, by the regular and frequent practice of which many children have to be helped all through their school lives, is complicated, in central and out-lying areas alike, by the number of mothers at work all day.

Visits made to the home for:	1952	1953	1954	1955	1956	1957	1958
Neglect and verminous con-	440	704	620	(04	070	4 2 4 5	4 202
ditions	642	704	639	631	870	1,345	1,393
Other environmental conditions	34	55	86	84	111	125	167
Infectious diseases	93	86	74	79	77	73	48
Orthopaedic defects	214	238	103	59	72	83	73
E.N.T. defects	119	133	108	88	199	121	197
Visual defects	244	324	478	470	502	805	728
Behaviour difficulties	25	27	66	57	65	96	120
Health and Development Survey	108	324	80	125	37	88	
Asthma, heart and chest con-							
ditions	******		130	422	433	441	337
Other conditions	328	290	468	581	228	469	557
No access visits (all categories)	339	573	523	524	563	860	762
Total visits paid	2,136	3,417	2,755	3,120	3,067	4,506	4,382

These figures give no indication of the number and frequency of visits, the distance travelled or the time involved; bearing in mind that all these visits are selective, and where there is over-loading of staff they may have been postponed.

Health Education

Health education, like follow-up, is a continuous process, and all the work done with individual children and parents, and in small informal groups, is never recorded. More requests have been coming in from Head Teachers of Secondary Modern Schools for one or two term courses, in personal hygiene for the 11 plus children, and parent craft for the older girls in their last year at school. This usually entails one lesson of 35 minutes each week for the younger girls and one of 40 to 60 minutes for the leavers. The interest of the children is shown by the number and the relevance of the questions asked, and by the number of girls who come forward afterwards for help and advice on the problems of adolescence. As opportunities are taken and more courses are developed a careful record is being kept of the time spent in this way and it is hoped that reliable statistics will be available for the next report.

Work in Specialist Fields

During the year the work of the Aural Clinic and the audiometric scheme have been more closely integrated and a change over to sweep testing of children in their second year in the infants school, by means of the Amplivox, has been adopted. An account of this is given elsewhere in the report.

An extra health visitor has been assigned part-time to the work of the Asthma Clinic in the last four months of the year, owing to an extension of the work. A total of 334 home visits (34 no access) were paid, mostly by appointment, to the homes of children attending the clinic for observation and treatment.

One of the most important parts of the work with handicapped children is the contact maintained with their parents. Since in many cases a handicapped child constitutes a family handicap, home visits are necessary during school holidays as well as in term time. It is essential to see that treatment is carried out at home, appliances worn and cared for, and that the child receives sufficient care and still is helped and encouraged to be independent. In some families the handicapped child tends to be over-protected by his parents, even at the expense of the other children, and in others the inadequacy of his environment may constitute an additional handicap. Home visiting then, for a fairly large proportion of children having special educational treatment, needs to be skilful and persistent; and there is scope for review and extension of this aspect of the work. During the past year a total of 415 home visits were made for the handicapped, but of these 101 were inconclusive because parents were not at home.

The Work of the Nursing Assistants

Throughout the year that is past the nursing assistants gave valuable help to the school nurses in their efforts to improve standards of cleanliness. To this end 33,777 children were seen by the nursing assistants at cleanliness inspections, and they made 51,983 examinations subsequently of children found to be in a verminous condition. A study of the table given below will show other aspects of their work.

1953 1954 1955 1956 1957 7.8 8.5 Infestation rate (per cent.) Number of children cleansed on .. 1,771 2,067 1,655 1,717 1,989 1,917 statutory cleansing orders ... Total number of statutory cleansings. 2,251 2,756 2,171 2,260 3,245 2,710 Cleansing demonstrations to mothers 443 423 458 508 22 50 37 21 46 Prosecutions under Section 54 21 Number of families involved 17 33 20 20 40 . .

It will be seen from these statistics that the campaign for cleanliness means close co-operation and effective team work between school nurses and nursing assistants. In teaching the prevention and cure of pediculosis to parents and children both play their part; the school nurses by follow-up, home visiting and health education; the nursing assistants by statutory cleansing, and by demonstrations of the cleansing process to the mothers, in the clinics by appointment.

Many children from socially inadequate or socially handicapped families are encouraged to attend the clinics at weekly intervals for cleanliness supervision and training by the nursing assistants. In the four central area clinics alone (the only ones equipped with bathing facilities), 70 children attended weekly for this purpose, 536 baths were given for uncleanliness and 368 head cleansing demonstrations were given to mothers. This, in addition to the never-ending work carried on in schools, may give some idea of the demands of this side of the work, especially in the central areas; but nothing less than participation in attempting to solve some of the problems can give any idea of the devotion many of the nurses and nursing assistants bring to the task.

Co-operation With Other Services

As far as possible liaison, at both field and administrative level, has been maintained with all the other statutory and voluntary services endeavouring to help the children and their families. During the last summer holiday period arrangements were made for 439 children, who were being sent for holidays by the Women's Voluntary Service and the Family Service Unit, to attend their local school clinics for "free from infection" examinations. Of these children 207 were cleansed from head infestations, 54 were referred to the school medical officers for check up, 210 were entirely satisfactory and only 3 were unfit to go. The opportunity given to needy children by these organizations over the years and by private individuals who act as hostesses, is much appreciated by the nursing staff, who have been glad to participate in this way.

Post Certificate Training and Refresher Courses

Two school nurses completed the health visitors' training and returned to the service towards the end of June, after successfully passing the examination.

Five nurses attended approved refresher courses during 1958 and all expressed their appreciation of the opportunity to go, and the content

of the courses concerned."

HEALTH EDUCATION

The Superintendent School Nurse describes the way in which the School Nurses take an active part in the arrangements for Health Education in the schools.

In addition the following activities have taken place during the

year.

The School Medical Officers and Nurses have given a number of talks at Parent-Teacher Association Meetings on "Child Health" and "The School Health Service." These opportunities continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems

with the parents.

Lectures and demonstrations have been given in connection with the training for staffs of Children's Homes, for student health visitors, for teachers' training courses at Westhill College, for teachers taking the Birmingham University course for the Certificate in Education, for teachers taking the Birmingham University course for the certificate in the teaching of educationally sub-normal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to teachers attending the one-year course on Handicapped Children at the City of Birmingham Training College, to students at the Queen's College, to student health visitor tutors, to Nursery Superintendents, to groups of Iranian Educationalists and

Colonial school masters, to a mental health liaison officer from Toronto, to two doctors from Health Centres in Tokyo, to a Government Dentist from Singapore, to a doctor from Lisbon, to an orthopaedic surgeon from Japan, to the chief doctor in the School Health Dispensary, Tehran, to the doctor in charge of the Bureau of Crippled Children Services, State of California, to the Vice-Chief, Maternal and Child Health Section, Ministry of Health and Welfare, Japan, to the Senior Welfare Officer for the Ministry of Railways at Gorakhpur, India and to a Social Welfare worker from Bangkok.

EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

Dr. Lemin reports:—

"Introduction

It is difficult to elaborate any clinical procedure which will accurately assess the effect of part-time employment on children. The examination which takes place before the issuing of the certificate can, at the best, in a large authority, be relatively quick. In addition to the clinical picture there are social and economic factors to be taken into account if the benefit or ill effect is to be assessed. However, it might be useful to consider over a twelve month period an ad hoc survey which might well show at the end of it that on balance part-time employment is not as bad as it may appear.

Method of Assessment

A. CLINICAL.

(i) The height and weight of the child and the relationship of the two as the period of work progresses.

(ii) Consideration of the health of the child up to the time of

examination as set forth in the school medical card.

(iii) The general clinical assessment of the child as being physically fit or unfit.

(iv) Any special factors, such as posture, chest conditions, asthma,

These should be noted again by the same medical officer at the end of a period of six months' employment.

The effect of employment on the child's school attendance and

educational attainment.

C. The social and economic background as known by the School Health Visitor and the school doctor over the area.

D. Conditions of clothing and personal care.

Comments

B.

In general it would appear that children in grammar schools should not be allowed to do part-time employment.

It is not always the child in poor economic circumstances who is

badly affected by part-time employment. In some cases the fact of part-time employment allows him to have the extra amenities which

would not otherwise be accruing.

During the questioning which always arises at the time of examination it has been found that many children are able to get up in time enough to have their breakfast where on previous occasions before they started part-time employment they had to rush to school without breakfast.

It has been noted also, in some cases, that the fact of handling their own money has been a spur to further effort and might well

be a help scholastically as well as financially.

There is no doubt there may well be cases of children who are, in fact, exploited by their parents but from a general observation one cannot help feeling that this is in the minority.

Types of Employment

It would be useful to relate the clinical and other assessment to the type of employment each child carries out. For instance, it might be found that the ordinary getting up and delivering of papers, provided the requirements of the Bye-Laws were followed, such as protection against bad weather and good foot wear, might be beneficial, whereas children working as shop assistants in a crowded store on a Saturday afternoon might be subject both to physical and moral trauma.

Statistics

In 1958, on 1st February, 4,317 children were in employment and in 1959, on 1st February, 4,489 were in employment. During the period for 1958 the number who ceased employment or left school was 4,900, which means that constant examination and constant reregistering must take place in order to make up the loss. The number of children examined in 1958 was 8,502 and the number of children found unfit either temporarily or permanently was 51.

In addition 96 children were examined who were appearing under

licence in entertainments."

CO-OPERATION AND ACKNOWLEDGEMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The aid which the teaching and School Health Service staff can give to each other and so to the pupils is fully recognized.

The Committee's Inspectorate have also shown their general

interest and have given valuable advice in particular cases.

To doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation for their very material help in

supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgement is also made of the willing help and cooperation given by the following who are now connected in various ways with the work of the School Health Service: the Senior Administrative Medical Officer of the Regional Hospital Board, and his medical assistant; the Secretary of the Board; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In many many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service, and special mention may be made of their help in following up some cases and in providing information from their wide range of activities.

It is a pleasure to mention the help which the Almoners of the hospitals render to many children.

Appreciation is expressed to the local press for the helpful and sympathetic presentation of school health topics.

To the Organizers and Inspectors of the National Society for the Prevention of Cruelty to Children a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

Appreciation is expressed to Pearson's Fresh Air Fund for their help in providing outings and holidays for Birmingham children. With the help of their own teachers, 579 children from special schools were taken for day outings to Colwyn Bay, Drayton Manor and Wickstead Park. A further 129 severely handicapped children, some in wheeled chairs, were taken to Manor Farm. Games were organized for those able to move about and for the others an entertainer gave her services free. 45 boys were given a camping holiday and 27 handicapped children a special 10-day holiday in the Lickey Hills.

HANDICAPPED PUPILS

Juvenile Rheumatism

There have been indications that the number of cases of acute rheumatism in children under sixteen years of age, have been falling over the past few years. Although acute rheumatism is not generally notifiable, it was made compulsorily notifiable in 1947 for this age group in a representative number of Urban and Rural areas. Dr. Conybeare discusses these notifications from 1950 to 1957 in the November 1958 Monthly Bulletin of the Ministry of Health. It appears that in the areas of the eight local authorities concerned the

average notification rate of acute rheumatism for all eight areas combined remained more or less steady at levels between 2.4 and 3.5 per 10,000 both sexes until 1955, when they declined sharply, especially in girls, to a level of 1.2 per 10,000 per annum. This decline persisted in 1956 and 1957 and was most marked in the 10 — 15 year age group.

The Baskerville Residential Special School, in Birmingham has specialized in the care of cases of juvenile rheumatism and congenital heart defects and is at present reserved for children in these categories. Up to about 1950 Baskerville School was almost full with the great majority of Birmingham children. The numbers of Birmingham children started to fall after that date, and an increasing number of extra-district children were admitted. The school remained almost full to 1955 but since that date the number of pupils has dropped considerably and steadily. The following table is indicative of this trend:

YEAR ENDING MARCH 1944

		Boys				Girls	Girls	
	Ex-				• Ex-			
	District	Birmingham	Tol	tal	District	Birmingh	am	Total
July 1943			41	1	Nil	48		48
December 1943	1	41	42		Nil	48		49
March 1944			42	2	Nil	47		47
Total Boys and Gir	ls: July	1943		89	Ex-I	District		Nil
	Dece	ember 1943		90	Ex-I	District		1
	Mar	ch 1944		89	Ex-I	District		Nil

YEAR ENDING MARCH 1959

		Boys					
	Ex-				Ex-		
	District	Birminghain	Tota	1	District	Birmingham	Total
July 1958	5	16	21		6	29	35
December 1958	4	14	18		7	24	31
March 1959	5	7	12		7	18	25
Total Boys and Gir				56	Ex-I	District	1 1
		ember 1958	4	19	Ex-I	District	11
	Marc	ch 1959		37	Ex-I	District	12

Dr. Carey Smallwood, the Committee's Consultant Physician for Baskerville School considers that as far as can be foreseen the reduction in juvenile rheumatism is likely to continue.

Accordingly consideration is being given to the admission of other types of handicapped pupils.

Dr. Carey Smallwood also reports on the success of giving continuous penicillin V prophylaxis to children who have had rheumatic fever. He states that the occurrence of fresh attacks of carditis is almost unknown.

Partially Sighted Children

As there has been an opportunity to test the children at the two schools for partially sighted children, it is thought that the result would be of some interest. The following table shows the intelligence quotients of the children according to their age.

INTELLIGENT QUOTIENTS PARTIALLY SIGHTED PUPILS

Priestley Smith School.										
Age	6	7	8	9	10	11	12	13	14	15
_	120	98	135	131	120	108	120	112	105	109
	120	97	114	80	119	105	76	88	78	109
	119	96	113	77	118	94	65	79		93
	100	93	107	73	99		59		_	77
	85	92	99		96				_	73
	84	83	97		94	_				53
	84		92		92	_	_	_	_	50
	_		88 86	_	83					50
_										
TOTAL	7	6	9	4	8	3	4	3	2	8
George Aud	len Sch	ool.								
Age	6	7	8	9	10	11	12	13	14	15
	112	119	83	120	103	112	113	102	100	84
	100	119	77	109	102	106	90	88	91	
	96	109	41	98	87	103	85	80	90	_
	88	80	_	81	75	101	75	_	65	
	_	79	_	_	_	82	******			
TOTAL	4	5	3	4	4	5	4	3	4	1
COMBINED TOTAL	11	11	12	8	12	8	8	6	6	9

Mr. Mark Tree reports on the Birmingham Schools for the Partially Sighted:—

"I drew attention in the past to the absence of classical literature in large printing type, available in the country for the use of partially sighted children. Although this obstacle to tuition still exists, there has recently been an increasing interest in the provision of special visual aids for the partially sighted in this country.

This is in part due to the development of more satisfactory plastic materials for special lenses, and as a result much lighter and handier

aids have become available at reasonable prices.

A number of these new visual aids have been ordered for the Priestley Smith School.

During the past year I have re-examined and reviewed the progress of the pupils at both partially sighted schools. In this, as in the past, I have had the ready co-operation of both Headmistresses, Miss Ludford and Miss Cox.

I extend my thanks for her help and sincere good wishes to Miss Ludford on her retirement.

I have classified the pupils of both schools as part of my annual review and append the following details.

At December 1958 the total of pupils at both schools was 104, consisting of 65 boys and 39 girls.

There were during the year:

New Admissions		 	 	12
Leavers		 	 	8
Transfers between both schools	3	 	 	6

- 1. High Myopia. 18 cases consisting of 10 boys and 8 girls.
 - (a) 1 with marked Astigmatism.
 - (b) 7 with Squints:
 - (i) 6 Convergent.
 - (ii) 1 Divergent.
 - (c) 2 with Retinal Degenerative changes.
 - (d) 1 with Nystagmus.
- 2. Nystagmus. 51 cases consisting of 32 boys and 19 girls.
 - (a) 14 with Albinism.
 - (b) 10 with Congenital Cataracts.
 - (c) 15 with Squints.
 - (d) 2 with Bilateral Optic Atrophy.
 - (e) 1 with Congenital Hemiplegia.
 - (f) 1 with Corneal Nebulae.
 - (g) 1 with Bilateral Macular Degeneration.
- 3. Congenital Cataracts. 21 cases consisting of 13 boys and 8 girls.
 - (a) 10 Familial types of which:
 - (i) 4 had Nystagmus.
 - (ii) 1 had Retinal Detachment after needling.
 - (b) 11 Sporadic types:
 - (i) 6 with Nystagmus.
 - (ii) In two cases the mothers had had German Measles during pregnancy.
- 4. Bilateral Ectopia Lentis. 5 cases consisting of 3 boys and 2 girls of which:
 - (a) 2 are Familial.
 - (b) 1 with Ectopia Pupillac.

- 5. Bilateral Buphthalmos. 1 boy.
- 6. High Hypermetropia. 2 boys.
- 7. Bilateral Xerophthalmia. 1 boy.
- 8. Syndromes and Multiple Defects. 19 cases consisting of 13 boys and 6 girls.
 - (a) Congenital Toxoplasmosis 3 boys.
 - (b) Retro-lental Fibroplasia 1 boy.
 - (c) Bilateral Familial Macular Degeneration 1 girl.
 - (d) Retinitis Pigmentosa 3 cases:
 - (i) 2 typical cases, both girls.
 - (ii) 1 a typical case, a boy.
 - (e) Bilateral Optic Atrophy 5 boys.
 - (i) 2 with Nystagmus.
 - (ii) 1 with Epilepsy.
 - (iii) 1 with Acrocephaly.
 - (iv) 1 with High Myopia.
 - (f) Microphthalmos and Congenital cataract 1 girl.
 - (g) Aniridia, Myopia and Nystagmus 1 girl.
 - (h) High Myopia, Deafness and Defective Speech 1 girl.
 - (i) Nystaginus, alternating Divergent Squint and Deafness 1 boy.
 - (i) Partial Albinism, Congenital Cataract and Nystagmus 1 boy.
 - (k) Congenital Amblyopia and Hypermetropia 1 boy."

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER 1958

Educationally Sub-Normal Children

Recidential.

Kesiaeniiai:									
St. Franci	s Boys and Girls					• •	73		
Springfiel	d House Girls						57		
Astley Ha	ll Boys and Girls						50		
Day:									
	ood Senior Girls, J					• •	183		
	e Senior Girls, Jun						176		
	Yorke Senior Boy			ed		• •	147		
	ilton Senior Boys,					• •	122		
	Senior Mixed					• •	140		
	Junior Mixed						73		
	enior Boys, Junior				• •	• •	98		
Calthorpe	Senior Boys, Juni	or Mix	ed		• •		157		
Deaf and Part	ially Deaf Chi	ldren	— Da	y Sc	hools				
Braidwoo	d School for the D	eaf, M	ixed				83		
Longwill	School for the Dea	of, Mixe	ed		• •		97		
Partially Sighted Children — Day Schools									
George A	uden School for P.	S. Chil	dren, N	Mixed			35		
Priestley S	Smith School for P	S. Chi	ldren, l	Mixed		• •	48		

Delicate Children								
Residential Open-Air Scho	ols:							
Cropwood Girls	• •			• •		• •	80	
Hunters Hill Boys	Rove	• •	• •			• •	121 40	
Haseley Hall Junior . "Skilts," Mixed	Boys	• •					45	
Day Open-Air Schools:		• •		• •			.3	
Marsh Hill, Mixed							173	
Uffculme, Mixed							117	
Physically Handicappe	ed Ch	ildre	n					
Residential:								
Baskerville, Mixed							25	
Day:								
Wilson Stuart, Mixe	d						152	
Victoria, Mixed			• •			• •	140	
Hospital Special School	ols							
Orthopaedic:								
Forelands, Bromsgro	ve, Mi	xed					39	
Woodlands, Northfi							67	
Sanatorium:								
Yardley Green, Littl	e Brom	wich,	Mixed				50	
Handicapped Pupils	Dogit	icu l	11 110	21012	Ivial	maine	u by	the
Education Commi	ittee 				• •	••	12	
Education Comm	TRIC						ING	
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Education Commitwee Wake Green Hostel EXTRA DISTRIBUTION SITUATION SITUATION SITUATION STATE AND STATE AND STATE AND SECOND SEC	TRIC CHOC rmal al School ce Day School School	OLS Chilo ol School	AS Adren			 	ING 1958 144 2 1 7 2	
Education Commitwee Green Hostel EXTRA DISTRIBUTION SIRMINGHAM SERVICE STATE	TRIC CHOC rmal al School school School school	OLS Chilo ol School	AS A'dren	T DI		MBER,	ING 1958 144 2 1	
Education Commitwell Wake Green Hostel EXTRA DISTRIBUTION STATE AND STATE	TRIC CHOC rmal al School school School nool chool	OLS Chile ol School	AS A dren	T DI		 	ING 1958 144 2 1 7 2	
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Delicate Children

Marsh Hill D					• •	 1
Hospital Special	Scho	ols				
Orthopaedic:						
Woodlands				 		 38
Forelands				 		 35
Sanatorium:						
Yardley Gree	n, Litt	le Broi	nwich	 		 14

RESULTS OF SPECIAL EXAMINATIONS — 1958

Results of examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of children seen			1,164
Recommended for Day (E.S.N.) School			235
Recommended for Residential (E.S.N.) School			64
Recommended for Residential Open-Air School			184
Recommended for Day Open-Air School			99
Recommended for Residential (P.H.) Special School			10
Recommended for Day (P.H.) Special School			52
Recommended for Residential School for Epileptics			5
Recommended for Residential School for the Deaf			2
Recommended for Day School for the Deaf			1
Recommended for Residential School for the Blind			5
No action			37
To stay in Special School			46
For trial in Ordinary School			54
To stay in Ordinary School			26
To stay in Nursery School			2
To leave Special (E.S.N.) Schools in order to take up		loy-	
ment			56
To leave Open-Air Schools in order to take up emple	oymen	t	4
Decision deferred			132
To be excluded from School temporarily			13
Recommended for exclusion under Section 57 (3) of t	he Edi	иса-	
tion Act, 1944			43
Recommended for Home Teaching			12
Recommended for Carlson House School for Spastics	S		5
Recommended for Ordinary Schools			84
Recommended for Diabetic Hostel			1
Recommended for Sunshine Home for Blind			1
Recommended for transfer from O.A.S. to Grammar		1	1

Number of children reported to the Local Health Authority in 1958.

Under Se	ection 57	(3) c	of the	Education	Act,	1944	 	43
Under Se	ection 57	(5) c	of the	Education	Act,	1944	 	32

The following report made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, 1958, also gives valuable information.

	(1) Blind (2) Partially Sighted		(3) D (4) Pa Deaf	eaf artially	(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally Sub-Normal (8) Mal- adjusted		(9) Epi- leptic	(10) <i>Total</i> (1)-(9)
In the calendar year ended 31st Dec., 1958: A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	(1)	(2)	7	(4)	(5)	(6)	276	(8)	(9)	724
B. Handicapped Pupils newly ascertained as needing education at Special Schools or in Boarding Homes	11	9	7	9	286	100	282	56	9	769

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1958

Blind and Partially Sighted Pupils

Birmingham Royal Institution for the Blind:		
Residential		26
Day		4
Worcester College for the Blind		
Exhall Grange School, Coventry		
National Institute for the Blind:		
Sunshine Home, Overley Hall	• •	1
Sunshine Home, Kingswinford		1
Liverpool Catholic School for the Blind		5
Royal Normal College for Blind, Rowton Castle, Salop		6
West of England School for Blind and Partially Sighted, Exer	er	1
Henshaw's School for the Blind, Manchester		1

Educationally Sub-Normal Blind Pupils

Condover Half	Condover Hall								
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Deaf and Partially Deaf Pupils			
Birmingham Royal School for the Deaf			4
Mary Hare Grammar School for the Deaf		• •	7
Derby Royal School for the Deaf			1
Royal Cross School for the Deaf, Preston			1
Manchester (Old Trafford) Royal Deaf School			1
St. John's Institution for the Deaf, Boston Spa			4
Needwood School for the Partially Deaf			2
Burwood Park Sec. (Tech.) School for the Deaf	• •		1
Royal School for the Deaf and Dumb, Margate			1
Bridge House School for Deaf Children, Harewood, Y	orks.		2
Donnington Lodge School for the Deaf, Berkshire	• •		1
The Mount School, Stoke-on-Trent			1
Epileptic Pupils			
Lingfield Epileptic Colony, Surrey			19
St. Elizabeth's School, Much Hadham, Herts			1
n) · 11 rr 1· 1 n ·1			
Physically Handicapped Pupils			
Ian Tetley Memorial Home, Harrogate, Yorks.	• •		2
Tudor Grange School, Solihull	• •		1
1 1	• •		2
L L	• •		2
Chipping Norton National Children's Homes			3
Victoria Home, Bournemouth			1
"Warlies," Waltham Abbey (Dr. Barnardo's)			1
Lord Mayor Treloar's College			2
Barleythorpe Hall, Rutlandshire			1
			1
St. Vincent's Orthopaedic, Eastcote, Pinner, Middlesex			1
Sweet's Dougle			
Spastic Pupils			22
Carlson House	•	• •	32
Wilfred Pickles School, Trixover Grange, Duddington		• •	1
Thomas de la Rue School, Dene Park, Tonbridge	•	• •	1
St. Margaret's School, Croydon	•	• •	1
Delicate Dunile			
Delicate Pupils			1
Corley Open-Air School, Coventry		• •	1
St. Catherine's Open-Air School, Ventnor		• •	8
Eden Hall Residential School, Bacton-on-Sea, Norfolk		• •	1
Brentwood School of Recovery, St. Leonard's-on-Sea		• •	1
		• •	1
The state of the s	•	• •	3
Laleham House School, Margate		• •	1
Pilgrim's School, Scaford, Sussex			Α.
Oak Bank Open-Air School, Sevenoaks, Kent	•		1
	•	• •	1
Educationally Call Name Devila	•	• •	1
Educationally Sub-Normal Pupils		••	
Besford Court, Worcester			15
Besford Court, Worcester			15
Besford Court, Worcester			15 1 5
Besford Court, Worcester			15 1 5 1
Besford Court, Worcester			15 1 5 1 2
Besford Court, Worcester		•••	15 1 5 1

Pupils with Speech Defects			
John Horniman Home, Worthing, Sussex .			1
Moor House School, Oxted, Surrey			2
Maladjusted Pupils			
Trench Hall, Wem, Salop			4
Bodenham Manor School, Hereford		2	28
Shenstone Lodge, West Bromwich			5
River House, Henley-in-Arden		• •	3
Red Hill School, East Sutton, Maidstone, Kent			3
St. Peter's, Horbury, Yorks.		• •	1
Hillaway Homes for Children, Devon		• •	8
Mulberry Bush House, Standlake, Oxfordshire		• •	1
Swalcliffe Park, Banbury, Oxfordshire		• •	1
Chaigeley School, Thelwall, Warrington, Lancs.		0 0	1
Wennington School, Wetherby, Yorks	• •	• •	4
Hospital Special Schools			
Orthopaedic:			
Marlborough, Mixed		1	4
Sanatorium:	• •		
Kyre Park and St. Cuthbert's, Mixed		A	7
Warwickshire Orthopaedic		3	
vi al vicibilito Olimopaccio	• •	••	•
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Handicapped Pupils Attending Indepen			
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MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Principal School Medical Officer, reports:-

"In writing a report such as this at the end of a year's work it is natural to look back and consider the outstanding features and the general trends. Prominent among the impressions of 1958 has been a new spirit of optimism in relation to work among handicapped children as a group. This optimism is based not only upon past achievements of medicine, surgery and education, but also in consideration of the brighter future which modern research is striving for. No handicap is now looked upon as hopeless, no infirmity necessarily precludes the possibility of some gainful employment in the future. The reductions in the number of cases of tuberculosis and juvenile rheumatism, the improvement in the surgical techniques applied to disabilities of the heart, the virtual elimination of coeliac disease, all these are well known to workers in the field of juvenile handicaps. Research into the dread conditions of pseudo hypertrophic muscular dystrophy, into the causes of cerebral palsy, into haemophilia, into metabolic disorders possibly acting as factors in the causation of mental deficiency, these, among others, give us hope for the future.

Our methods of ascertainment have not altered appreciably from those of last year and once again I should like to thank all those who have helped so much and without whom, in fact, the work would be impossible. I refer in particular to my colleagues in the School Health Service and to the Health Visitors and School Nurses, the Consulting Physicians and Surgeons of the city, the School Psychological Service, the Inspector of Special Schools and the clerical staff of the Special Schools Department. Dr. Joyce B. Mole has given an increasing amount of assistance during the year and her conscientious efforts have been of the greatest help.

To the Head Teachers and Assistant Teachers of the Special Schools of Birmingham I extend my heartiest thanks for their cooperation. It is an undisputed fact that teacher, nurse and doctor form a team whose goal is the happiness and welfare of the handicapped child; each member of the team has an important part to play and each is of equal importance in the sphere selected.

Schools for Physically Handicapped

Physically handicapped children who are able to cope in an ordinary school remain in one, or are admitted to one if there is a reasonable chance of success therein. Those children who need special educational treatment are — for the most part — admitted to the Wilson Stuart School if they live in the northern half of the city or near it, or to the Victoria School if they inhabit South Birmingham. Frequent visits to the schools are paid by the Assistant Principal School Medical Officer or Dr. Mole, while Mr. T. S. Donovan, Orthopaedic Surgeon, attends once or twice a term to advise on orthopaedic cases. Each term a Terminal Review is held to decide on such matters as transfer to ordinary schools or elsewhere, and suitable employment after leaving school.

The value of such pursuits as music, swimming and country dancing in the training of the physically handicapped is very great. These branches of the curriculum will be considered in some detail in a further report.

Schools for the Partially Sighted

Methods of admissions, supervision and discharge in the two schools for the partially sighted have not altered materially during the year.

The proximity of the Witton Lakes to the Priestley Smith School inspired a project which has caused much pleasure among the pupils. A canoe has been constructed and is now in active use.

The need to supplement outdoor activities has long been felt, for football and cricket can only be played in modified form; also a stimulus to swimming is helpful. The plan started with a discussion about ships and canoes in general and working from a plan designed by an expert, the vessel was soon on the stocks. After much laborious work the skin of the hull went on and finally — six months from the beginning — the canoe was launched amid scenes of great excitement.

Through the co-operation of the Parks Department and the Education Department, permission was obtained to use the Yachting Pool at times when it was not needed by the general public. The whole school, including the parents, joined in the fun of choosing a name and great was the excitement when, having donned red vests, shorts and life jackets the crew manned ship and the dreamt-of adventure became a reality. After progressing through various carefully graded exercises the 'Adventurer' was soon skimming happily on the lake.

Schools for the Educationally Sub-Normal

Methods of ascertainment of educationally sub-normal children have proceeded along similar lines to those reported previously.

In this work and in the supervision of the children after admission to the special schools, Dr. Mole has given valuable assistance. We are particularly anxious that no physical factor which could possibly contribute to the aggregation of reactions, which we entitle 'Educational Sub-Normality' should be overlooked. It is, of course, helpful if an exhaustive physical examination has been carried out *before* the child comes up for mental testing so that, in particular, defects of vision

and hearing can be excluded or allowed for. It is impossible to speak too highly of the devoted band of teachers who spend their lives in our special schools; their task often appears to be a thankless one but it is undoubtedly most valuable. Their unfailing co-operation with us is greatly appreciated.

Open-air Schools

Work among the group of children categorised under the compendious term 'delicate' has not shown signs during the year of becoming less arduous or less important. Waiting lists of cases for admission to day and residential open-air schools continue to be lengthy and the value of these establishments is evidently much appreciated by colleagues in the School Health Service, by general practitioners, hospital staffs, parents and many others. The title Open-air,' while not quite a misnomer, hardly conveys with accuracy the full functions of this type of school. Throughout our city fresh air is much more available to children than it ever was before, thanks to well designed re-housing schemes and modern schools. It is the whole regime of the open-air school, the emphasis on health, the attention to diet, proper rest, the correction of minor ailments, the remedial exercises, the study of the whole child and the day to day help in difficulties, which are of supreme value. In this work teacher, nurse and doctor combine as a team in the interests of the child; single handed efforts will not do, team attitudes are all important. Results are on the whole very good particularly when the team has been able — as it seeks to do — to co-opt another member, the parent. There is a follow-up scheme — an essential part of our function, reports are asked for from the school to which the child has proceeded, at intervals of six or twelve months; where reports are considered unsatisfactory the child is seen again and the situation reviewed.

Our new residential open-air school, 'Skilts,' has made a good start in lovely surroundings and the enthusiasm of the staff augurs well for the future.

Baskerville

This interesting school is still reserved for the treatment and education of rheumatic children, and procedures have not altered from those described in previous reports.

The fall in numbers has continued and is evidently representative of a diminished incidence of the disease, which we have every reason

to hope may be permanent.

Causes are various and are not yet fully determined. All children who are discharged from Baskerville are put on prophylactic penicillin and with the co-operation of their local doctors are kept on this

anti-biotic for the remainder of their school career or for five years whichever is the longer period. The relapse rate — at one time considerable — seems to have been eliminated as far as Baskerville is concerned.

Schools for the Deaf

The two Birmingham Day Schools for the Deaf, Braidwood and Longwill, remain well in the forefront of the deaf education system in this country. In common with so many of our other Special Schools visitors come from all parts of the world to study the modern methods used.

Cases are admitted on the authority of Mr. Crabtree, Consulting Aural Surgeon, and the usual medical examinations are carried out by the Assistant Principal School Medical Officer and by Dr. Mole.

Occupation Centres

Routine medical examinations have been carried out regularly by Dr. Mole, and the Assistant Principal School Medical Officer visits with regard to special cases and with groups of medical students for demonstration purposes.

Lectures

Lectures have been given to the University Course for Teachers of the Educationally Sub-normal, to the course at the Teachers' Training College for Teachers of the Handicapped, to Home Teachers and to the Course for Staffs of Children's Homes.

With the kind co-operation of the Head Teachers concerned many visits to Special Schools and demonstrations have been arranged for senior students of the University School of Medicine and for candidates for the Diploma in Child Health."

SPEECH THERAPY IN SPECIAL SCHOOLS

Miss E. S. Sprayson, Senior Speech Therapist, reports:—

"It was unfortunately necessary, due to the depletion in the number of Speech Therapy staff to reduce the number of sessions worked in Special Schools from July 1958.

Schools for Physically Handicapped Children

Both the Victoria and Wilson Stuart have been visited weekly where individual and class treatment has been carried out.

There were no cases requiring Speech Therapy at the Baskerville School.

Open-Air Schools

The day Open-Air Schools have been visited weekly, but of the residential Open-Air Schools only Haseley Hall has had a therapist attending regularly.

Visits have been made to Cropwood and Hunter's Hill, and there are children in the school in need of Speech Therapy. It was impossible, with the staffing problem, for a therapist to vitis the schools regularly.

The therapist visiting the Marsh Hill School reported that in the one session a week worked at the school, it was not possible for all the speech defective children to be given enough treatment during

any one term.

The speech defects varied from slight difficulties with sound combinations to stammers far worse than those experienced by children at ordinary schools. Many of these children are emotionally unstable, and standing up in class to read or answer a question is an ordeal for them. The children are taken individually until they are ready to react to, and benefit from, group treatment, as a transitional stage to class participation.

Schools for Deaf Children

The Braidwood School has been visited regularly. The children treated at this school are the physically handicapped deaf.

Schools for Partially Sighted Children

The children in need of Speech Therapy from the George Auden School are treated at the Moseley Road Clinic, which is only a short distance away from the school.

In March 1958, visits to the Priestley Smith School were suspended, as there were no children in need of Speech Therapy treatment.

Schools for Educationally Sub-Normal Children

All day E.S.N. schools were visited weekly, also St. Francis

Residential School.

Astley Hall School was visited, and it was found that several children in the school were in need of treatment. It was impossible for a Speech Therapist to attend the school regularly, but it is hoped, that at some future date, it will be possible to arrange treatment in the school.

Springfield House School was visited regularly at the beginning of the year — but as the numbers of girls needing treatment dropped

to one — it was decided to suspend visits for the time being.

Hospital Special Schools

It is left to the discretion of the Heads of these schools to contact the Speech Therapy Department, if at any time they have 'longstay' patients in need of Speech Therapy.

SPECIAL SCHOOLS STATISTIC	rs .	
JI LCIME JOITO OLD JIMMOTH	1958	1957
Number of cases receiving individual treatment	276	254
Number of cases receiving treatment in classes	144	155
Number of cases receiving treatment in groups	44	_
Number of cases referred	106	116
Number of cases admitted	75	90
Number of cases where Speech Therapy was contra-		
indicated	38	30
Number of cases discharged	78	56
Number of cases on the waiting list	15	22
Number of interviews with parents or guardians	29	26
Number of visitors to Special Schools	41	15
*		
A POSTENIO ANI CEC		
ATTENDANCES	1958	1957
Individual work	4,116	4,424
Group work	296	_
Class work	1,653	1,630

HOME AND HOSPITAL TUITION

The Committee provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. At the end of the year 65 children were being helped in this way. In addition, 39 peripatetic teachers visited the children at the following institutions:

Children's Hospital Moseley Hall Convalescent Home Dudley Road Hospital Accident Hospital Summerfield Hospital Skin Hospital

REPORT ON HOME TEACHING

Mrs. Seabrook, the Supervisor of Home Teaching, presents the following report on home teaching.

"Since September 1952, when the appointment of supervisor was made, the Home Teaching section of the Special Services Department has grown considerably. At that time there were 18 children and 16 teachers; now we have between 65 and 70 children (69 on 1.3.58) and about 40 teachers, and during these $5\frac{1}{2}$ years, almost 200 children in all, have been taught by home teachers. Many of these children have returned to normal schools, others have been admitted to P.H. schools, and some, on reaching the age of 16+, have been found useful and suitable employment. Unfortunately, also, a number of the more seriously ill children have died.

With an age range of 5 to 16+, very varying disabilities, intelligences, potentialities, and standards of work, many problems face the home teacher. Any set schemes of work are useless; each child is completely individual, and the work must be arranged according to the differing mental and physical capacities of the pupils. One boy of 15 may be studying for the General Certificate of Education; another boy of 15 may be unable to read or do simple number. One child may be working on normal school work, while another of the same age, unable to walk, talk, or use his hands, is struggling to make some response, and to show in some way, his interest and understanding.

Broadly, however, the children fall into 3 groups:

1. Those who will return to normal or P.H. schools, after rest and recuperation, following serious and prolonged illness.

2. Children who are too badly handicapped to go to school at all.

3. Children suffering from school phobia, referred for Home Teaching by the Child Guidance Clinic.

Regarding the children in the first group, our aim is to send them back to school, prepared and equipped to take their place amongst children of their own age and ability. These children are often retarded, through long illness, but with the individual attention given by a home teacher, progress is usually extremely good. Several children have gone on to Grammar Schools shortly after their return to school.

The second group presents a totally different problem. Some of these children may live a normal span, but many of them will not live beyond adolescence. In these cases, I feel we must try to bring as much happiness and brightness as possible into their lives, and provide a link with the outside world, of which some of them have so little experience. An important part of the work in these homes, is the help and comfort given by the teachers to the parents—they become friends of the family and in many cases, are willing to take on duties and responsibilities quite outside their work as teachers.

In the case of the maladjusted children our aim is to get them back to school if possible, and in the meantime to increase their self confidence and keep their work up to standard. These children are often very difficult, sometimes violent, but always interesting and with patience and good will on the part of the teacher and parents, they usually co-operate and work well.

Many of the children receiving home teaching have very few contacts outside their own homes; some of them may be confined to one room for months at a time. To these children the visits of the home teacher are a highlight. If the children are able to go out, teachers often take them for nature walks, visits to theatres, museums, and other places of interest. We have also taken groups of children

to the Botanical Gardens and Dudley Zoo. Transport is our main problem on these occasions, but with an increasing circle of helpful friends, we hope to have many more expeditions in the future.

Each year we have a Christmas Party, to which we invite the children and their parents. This is a very happy social occasion, but it is also a great comfort to the parents, as it gives them an opportunity to meet others with similar problems, and to discuss their difficulties together. At the party, we have an exhibition of the children's work, so that teachers, parents, and friends, are able to see the variety of work undertaken in the Home Teaching Service during the year.

Finally, may I say how fortunate we are in our teachers, who are not only competent and able, but willing to give unlimited time and thought to helping these severely handicapped children who are so much in need of our sympathy and understanding."

MARTINEAU HOUSE, BOGNOR REGIS

It was mentioned in last year's report that the sea-side school, which had been transferred from Towyn, received the first group of children in May 1957.

During 1958, 19 parties, consisting in the main of 24 children from Special Schools of various types, visited the school for periods

of 14 days.

In accordance with established practice, each group was accompanied by a teacher from the visiting school who gave welcome assistance to the residential teacher in charge.

The school in its new setting, is providing more readily a valuable contribution to the physical and educational welfare of these handi-

capped pupils.

The work of the Matron and the interest shown by the visiting Medical Officer, Dr. D. D. Hay, are greatly appreciated.

CEREBRAL PALSY

The arrangements for the care and ascertainment of children suffering from cerebral palsy, described in previous reports, have been continued.

The British Council for the Welfare of Spastics ever mindful of stimulating interest in the subject arranged an open conference in London, in November 1958, on "Current Thought on Cerebral

Palsy."

The Inspector of Special Schools and the Principal School Medical Officer were given the privilege of attending the conference. The Principal School Medical Officer was also pleased to attend a conference for doctors, also arranged by the Council, on "Factors in the Assessment and Education of Cerebral Palsied Children." This was held in Bristol on Saturday, 8th November 1958.

The following information relating to children aged five to fifteen years of age, as at December 1958, has been supplied through the courtesy of the Midland Spastic Association.

5 to 15 years —							
Day Provision:							
Cerebral Palsy School (Carls	on Hou	ıse)				23
Physically Handicapped	Scho	ools	,		• •		63
Deaf Schools					••	• •	10
E.S.N. Schools				• •	• •	• •	7
Normal Schools				* •	• •	• •	83
Home Tuition			• •	• •	• •	• •	4
Occupation Centre			• •	• •	• •	• •	
Home Training				• •	• •	• •	21 7
Residential Provision:		• • •	• •	• •	• •	• •	/
Cerebral Palsy School	 C-1	1	• •	• •	• •		2
Physically Handicapped	Scho	01	• •	• •	• •		2
Open-Air School	• •	• •	• •	• •			5
Hospital School	• •	• •	• •	• •			8
M.D. Institution	• •		• •	• •	• •	• •	18
At Home:							
Educable — awaiting pl	aceme	ent					4
Ineducable							29
							280

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

Two factors combined to make it more difficult for Special School leavers to obtain employment in 1958. The trade recession reduced the number of vacancies available. At the same time the number of school leavers increased. The general result was a greater selectivity on the part of many employers and a somewhat more restricted choice of jobs for the school leavers. This naturally had its effect upon the opportunities for handicapped children.

As in previous years officers of the Youth Employment Branch visited Special Schools to give vocational guidance as a preliminary to placing in employment. Many of the more severely handicapped young people, who in previous years might have been placed in jobs albeit with some difficulty, this year found it virtually impossible to obtain employment and special approaches were made by the Youth Employment Officers to all those people who might be in a position to help.

The facilities provided by the Ministry of Labour and National Service to help the disabled have continued to be used.

An analysis of those on the Disabled Persons Register at the end of 1958 is attached.

DISABLED PERSONS REGISTER

New Registrations Number on Register

	durii	ig 1958		at 3:		
	Boys	Girls	Total	Boys	Girls	Total
Surgical:						
Amputation of one or both limbs		5	5	3	2	5
Injuries and diseases of trunk or limbs	3	5	8	14	7	21
Spine injuries and diseases (not T.B.)	4	1	5	_	4	4
Tuberculosis — Surgical	1	1	2	2	4	6
MEDICAL:						
Arthritis and Rheumatism				1	1	2
Diseases of Heart and Circulatory						
System	1	_	1	4	6	10
Diseases of Skin, Genito-Urinary and						
Respiratory System (not T.B.)	2	2	4	2	1	3
Epilepsy	4	1	5	14	4	18
Other Organic Nervous diseases	5	5	10	2	10	12
Tuberculosis — Pulmonary	1	3	4	3	6	9
Diseases of Digestive System					_	
Psychiatric:						
Imperfect development of the Mind	1	2	3	3	4	7
Other Mental and Nervous disorders					1	1
OTHERS:						
Congenital Malformation	2	4	6	3	5	8
Defects of eyes and ears	7	9	16	27	25	52
Asthma, Anaemia, etc	4	3	7	4	1	5
Totals	35	41	76	82	81	163
· ·						

SPECIAL SERVICES AFTER-CARE SUB-COMMITTEE

In 1958 the After-Care Sub-Committee continued to be responsible for the visiting of former pupils of Special Schools for Educationally Sub-normal children. They were also responsible for training mentally handicapped children in occupation centres and in their homes. In the training and in the visiting of children and young people reported to the local health authority the sub-committee act as agents of the Health Committee. The other ex-pupils of Special Schools are visited on a voluntary basis by the same staff.

Numbers Under Supervision

During 1958 a total of 2,229 were in the care of the sub-committee. A total of 264 children and young people were added in the year; this number was made up of 54 children excluded from attendance at school, 34 leavers referred for statutory supervision, and 176 leavers referred for voluntary supervision. The total number under supervision was reduced by a large number of older men and women being recommended to the Health Committee either for discharge, or for transfer to the direct supervision of the Health Department.

Occupation and Industrial Centres

At the end of 1958, 409 places were available in senior and junior occupation centres. The committee maintained seven junior centres for boys and girls aged about six to about fifteen. There were two senior centres for boys and young men, and one senior centre for girls and young women. There were no changes in premises in 1958. Unfortunately there were still waiting lists for most of the centres, both junior and senior.

Home Training

55 children and young people were visited weekly by four home teachers. Some of these children were awaiting a place in a centre; and others were unable to attend for reasons of physical handicap.

Holidays

Five groups of children and senior boys spent a week's holiday at Windmill House, during the year. One party of senior boys went in March in place of a cancelled holiday due to the influenza epidemic the previous autumn.

Visiting

Five After-Care Visitors continued to make visits to the homes of the children and young people in their part of the city. The number of cases has now been reduced owing to the re-organization agreed in 1957 by which older people are discharged, or, if not suitable for discharge, are passed over to the supervision of the Health Committee. This reduction enabled the visitors to see the younger people more frequently and to make a closer contact with their families than in the past.

Close co-operation was maintained during the year between the After-Care Sub-Committee's officers and those of the Health Committee. The officers have been helped considerably by colleagues in other departments of the city and by social workers in voluntary

associations.

WEST MIDLAND ADVISORY COUNCIL ON SPECIAL EDUCATIONAL TREATMENT

A meeting of the Advisory Council was held on 17th July, 1958. Consideration was given to the report of the Advisory Committee on maladjusted children and Child Guidance. The terms of reference to the committee were as follows: "To review the existing provision of Special Schools for maladjusted children and the development of the Child Guidance Service and to report on the Underwood Report."

The report on Physically Handicapped Children with dual handicaps was discussed. Consideration was also given to reports on cerebral palsied children with heavy defects, delicate children, deaf children who are also educationally sub-normal and deaf children of

above average intelligence.

MEDICAL INSPECTION AND TREATMENT

Return for the Year Ended 31st December, 1958

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

		Physical Condition of Pupils Inspected								
Age Groups	Number of	SATIS	FACTORY	Unsatisfactory						
Inspected (By Year of Birth)	Pupils Inspected	Number	Number % of Column 2		% of Column 2					
(1)	(2)	(3)	(4)	(5)	(6)					
1954 and later	1,832	1,778	97.05	54	2.95					
1953	6,777	6,535	96.43	242	3.57					
1952	6,132	5,930	96.70	202	3.29					
1951	2,894	2,796	96.61	98	3.39					
1950	622	593	95.34	29	4.66					
1949	425	410	96.47	15	3.53					
1948	3,661	3,605	98.47	56	1.53					
1947	11,189	10,816	96.66	373	3.34					
1946	4,611	4,471	96.96	140	3.04					
1945	620	605	97.58	15	2.42					
1944	4,031	3,943	97.81	88	2.19					
1943 and earlier	13,002	12,668	97.43	334	2.57					
Total	55,796	54,150	97.05	1,646	2.95					

Table B — Pupils Found to Require Treatment at Periodic Medical Inspections (including Dental Diseases and Infestation with Vermin)

Age Gro (By Ye	ups Ins ar of B (1)	spected irth)	For Defective Vision (Excluding Squint) (2)	For any of the Other Conditions Recorded in Part II (3)	Total Indiridual Pupils (4)
1954 and	later		 22	583	592
1953			 145	1,582	1,670
1952			 198	1,658	1,723
1951			 114	865	909
1950			 88	244	291
1949			 83	161	251
1948			 472	918	1,079
1947			 1,353	2,751	3,583
1946			 613	1,197	1,701
1945			 114	184	290
1944			 578	812	1,107
1943 and	carlier		 2,204	3,058	4,565
TOTAL			 5,984	14,013	17,761

Table C -							
Number of Special Inspections							23,528
Number of Re-Inspections	• •	• •	• •	• •			24,849
				TOTAL			48,377
TABLE D — IN a) Total number of examinations of					or o	ther	
authorised persons							385,951
(b) Total number of individual pupil	s foun	d to be	infes	ted			14,833
(c) Number of individual pupils in re							
issued (Section 54 (2), Education A							2,350
d) Number of individual pupils in re	espect	of who	m cle	ansing o	rders v	vere	
issued (Section 54 (3), Education							1,917

PART II
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
TABLE A — PERIODIC INSPECTIONS

		Periodic Inspections							
Defeat		Entrants		Leavers		Others		Total	
Defect Code No. (1)	Defect or Disease (2)	Treat- ment (3)	Obser- vation (4)	Treat- ment (5)	Obser- vation (6)	Treat- ment (7)	Obser- vation (8)	Treat- ment (9)	Obser- vation (10)
4 5	Skin Eyes —	513	181	898	201	868	234	2,279	616
6	(a) Vision (b) Squint (c) Other	573 551 85	286 119 46	2,656 267 100	487 53 158	2,582 532 213	531 87 171	5,811 1,350 398	1,304 259 375
	(a) Hearing (b) Otitis Media (c) Other	75 126 90	229 234 59	81 118 109	167 176 35	96 142 82	269 251 74	252 386 281	665 661 168
7 8	Nose or Throat	1,045	1,125 249	277	351 59	621	764 175	1,943 265	2,240 483
9	Speech Lymphatic Glands	53	224	4	39	27	114	84	377
10	Heart	13	234	35	199	35	235	83	668
11	Lungs	486	559	143	269	306	381	935	1,209
12	Developmental — (a) Hernia (b) Other	61 60	74 169	21 62	32 152	47 112	54 296	129 234	160 617
13	Orthopaedic — (a) Posture (b) Feet (c) Other	67 431 228	226 523 349	265 532 221	711 639 358	344 633 295	813 842 416	676 1,596 744	1,750 2,004 1,123
14	Nervous System — (a) Epilepsy (b) Other	29 35	22 51	43 25	23 49	55 75	39 128	127 135	84 228
15	Psychological — (a) Development (b) Stability	33 141	78 278	11 54	55 133	56 188	329 385	100 383	462 796 227
16	Abdomen	44	67	27	59	730	101 247	115 1,698	637
17	Other	418	155	550	235	/30	247	1,070	037

Defect	Defeat on Disco			Special Inspections				
Code No.	Defect or Diseas	se		Requiring Treatment	Requiring Observation			
(1)	(2)			(3)	(4)			
	Cl.			4.044	110			
5	Skin Eyes —	• •	• •	4,844	110			
3	(a) Winiper			1,562	265			
	(b) Squint	• •		220	40			
	(c) Other	• •		1,008	103			
6	Ears —	• •	• •	2,000	200			
	(a) Hearing			255	115			
	(b) Otitis Media			292	49			
	(<i>c</i>) Other			294	60			
7	Nose and Throat			1,156	309			
8	Speech			287	77			
9	Lymphatic Glands			80	51			
10	Heart			79	112			
11	Lungs			578	214			
12	Developmental —							
	(a) Hernia			38	38			
	(b) Other			75	49			
13	Orthopaedic —			240	404			
	(a) Posture			260	104			
	(b) Feet		• •	546	206			
14	(c) Other	• •	• •	527	164			
14	Nervous System —			36	10			
	(a) Epilepsy (b) Other	• •	• •	75	72			
15	Psychological —	• •	• •	/3	12			
15	(a) Development			79	34]			
	(b) Stability			312	176			
16	Abdomen			154	114			
17	Other			4,011	511			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A — Eye Diseases, Defective Vision and Squint

					Number of Cases known to have been dealt with				
External and other, excluding errors of Ref Errors of Refraction (including Squint)	fraction • •	and So	uint 		1,661 8,086				
	Тот	AL			9,747				
Number of pupils for whom spectacles were	re presc	ribed		٠.	10,884				
Received operative treatment: (a) for Diseases of the Ear (b) for Adenoids and Chronic Tonsill (c) for other Nose and Throat condit Received other forms of treatment	 itis	• •	• •		Number of Cases known to have been dealt with 371 2,964 298 5,478 9,111				
Total number of pupils who are known to have been provided with hearing aids:									
(a) in 1958			• •) - -	56 302				

struggle to keep up to the standard of a normal school. The treatment of stammerers depends to a large extent on the individuals ability to use the advice and guidance of the speech therapist. With a suggestible child this may be effective but it is not in any way conclusive that treatment of stammering is beneficial in the E.S.N. School.

The therapists are most grateful for the co-operation of the school's staffs. In some cases, particularly those with uninterested homes, the staff have taken the responsibility for practising speech work with the children."

1959	1958
231	276
25	144
54	44
158	106
102	75
50	38
85	78
21	15
41	29
61	41
3	-
4	_
3,125	4,116
286	296
529	1,653
	231 25 54 158 102 50 85 21 41 61 3 4 3,125 286

PHYSICALLY HANDICAPPED CHILDREN

Miss L. M. Brook, Headmistress of the Wilson Stuart School, reports on the activities at a School for Physically Handicapped Children—LEARNING THROUGH DOING:—

"1. Swimming

Both physically and psychologically, swimming is ideally suited as a means to teaching each child to be as nearly as possible self-sufficient and independent. Broadly speaking, whatever the handicap, it is true to say that any physically handicapped child is more mobile in the water than out of it. An arm or leg that is useless and a dead weight to be dragged about on land becomes buoyant and an asset in the water. It can be ignored by the individual, leaving him with the more positive aim of using those limbs and muscles that are unimpaired.

It is in this positiveness that one finds the psychological benefit. The P.H. child who has learned to swim has achieved something previously the prerogative of the normal child, and immediately begins to consider himself as 'normal'. His attitude to his own limitations undergoes a change with far reaching effects on his personality and his other work in school. The success achieved in swimming has an immense carry over effect which can be exploited to promote all-round development and progress.

Organisation of Swimming

The group attends Kingstanding Baths each Tuesday morning for a double period, *i.e.*, 40 minutes. A special bus is provided by the City Transport Department so that a minimum of time is wasted in transport.

The staff at the Baths have been most co-operative. The attendants help undress and dress the more severely handicapped, and the lady responsible for the canteen attached to the Baths voluntarily attends early in order to supply hot drinks to the children after the lesson.

Staff from School consists of two teachers, one of the physiotherapists, and a nursing orderly. In addition, the instructress provided at the Baths by the Committee has been most co-operative and helpful and has shown herself to be most resourceful in adapting her methods to our special needs.

It was found very early on that in order to teach and encourage these children it was necessary for staff to change and enter the water with them. The two teachers and the physiotherapist do this with the co-operation of the P.E. Department, who provide books of admission tickets.

Composition of the Group

At present the group is composed of some 39 children, 21 boys and 18 girls, aged from 11 years upwards. Any child who wishes to join is considered by the Head Teacher and referred to the A.P.S.M.O. for approval on medical grounds. With the usual high absence rate, attendance at any one session is about 20—25 children.

For the purpose of analysis, the group can be subdivided into three sections:

- (i) Paralyses of various kinds, *i.e.*, those handicapped by actual paralysis or weakness in limbs.
- (ii) Nervous disabilities, i.e., lack of co-ordination, including those suffering from athetosis or ataxia.
- (iii) Various physical and medical defects, e.g., congenital heart lesions, spina bifida, achondroplasia, amputations, etc.

Progress is rated by the application of a five-point scale, viz:

A Competent swimmer — 33 yards or more.

B Has begun to swim — up to 10 yards.

C Has found a method of propulsion and can swim a few yards.

D Confident in the water and has overcome initial fear.

E Beginner.

Group (i). In this group the main feature is the increased activity and movement possible in the water due to the loss of weight of an otherwise useless leg or legs. They have the advantage of increased buoyancy which gives them, if anything, a superiority over those with perfectly functioning limbs. A modified form of the breast stroke, with an early introduction to floating and back stroke, has been found successful here.

Group (ii). The lack of co-ordination shown by children in this group becomes far less apparent once they are in the water. C.P.'s and those showing similar characteristics very quickly learn to relax and though progress towards competence is slower than in the other two groups, the increased smoothness and fluidity of their movement is a most pleasing spectacle. These children, as with those in group (i) are taught the breast stroke, but in the initial stages it is often found that the less complicated movement of the 'dog paddle' comes more easily to them. The instinctive violent over-arm stroke is curbed at the first opportunity as being of little value either remedially or as a means of propulsion.

Group (iii). In instructing this group one can more often revert to orthodox methods of instruction, and a stroke can be evolved which is very little removed from the orthodox. Frequently, however, the problem is one of stamina and staying power, and here one can only take the long term view and provide the opportunity to practice and perfect the stroke, whilst at the same time increasing their number and the distance covered. Heart cases, in particular, must be very carefully watched, and the normal practice is to allow them only a short time (comparatively) in the water.

Conclusions and Future Policy

In the groups listed ten children have become proficient swimmers, one boy having even completed the test for a free pass applicable to his age group for normal children by swimming some 250 yards, and a further six need only practice to extend their range. Of the remainder it is true to say there is every hope that they, too, will eventually become proficient.

The need now is for the evolution of some form of land drill and exercise which can be used by these children in school to further their progress in the water. This is at present the subject of consideration between the teachers and the physiotherapist concerned. Ideally, a practice tank installed in the School would help enormously to further the work done at the Baths.

2. Music

Choir

The Choir consists of nearly forty children, all of whom are voluntary members. All ages are represented, but as is often the case with music, the girls out-number the boys. We usually have one rehearsal a week, which is also made into an opportunity for those who play the piano or recorder to perform to their friends.

The Choir's capabilities are limited for the following reasons:

- (a) The physical handicap often gives rise to poor breath control, limited air capacity, or impediment of speech.
- (b) Many children are unable to read, due either to mental handicap or to long absence from school.

For these reasons it is often necessary to make arrangements of music in order to use the Choir to its utmost, e.g., the second part or descant is often specially written, also the accompaniment. Song books are, therefore, not the best means of teaching.

It is a pleasure to record that the Choir has completed in various music festivals and has taken part in concerts. The School Christmas Concert, Carol Service and Open Day are occasions when the Choir is able to make a special contribution of its own to the events of the year.

Recorders

Over twenty children are at present learning to play the recorder, especially the descant recorder, although some work is done on the treble; lessons are mainly individual and most of the children have made excellent progress, having played with the Choir on many occasions as well as doing both solo and concert work; our consort has actually competed in the Northfield Music Festival.

Recorder playing is perhaps the most enjoyed of all our musical

activities.

Especially noteworthy is one child's success in the Trinity College Grade II Recorder Examination in gaining the Birmingham Prize despite poor hand control through muscular dystrophy; the prize winner was chosen from singers and from every type of instrumentalist.

There is evidence that through recorder playing, both breath

control and vital capacity for air intake have improved.

Piano

Fifteen children are at present learning to play the piano, each being taught individually. Some high standards of performance are being achieved which makes the work most rewarding; two children in particular have outstanding ability.

As well as playing solos, these young pianists have on many occasions accompanied the Choir, the recorders and Morning Assembly. Duet work, too, is regarded as important, especially with children whose legs are paralysed, making the use of the pedal somewhat difficult. Such a child is paired with a partner with at least one 'good' leg and good results are obtained.

It is interesting to note that the Associated Board of the Royal Schools of Music has refused to examine any children whose handicap causes the music to be 'arranged' whereas the Trinity College of Music has agreed to accept any modifications necessary, and the use of implements, judging as they say "by what is heard rather than what is seen." Hence the swing to the Trinity College!

With the help of the Incorporated Society of Musicians, it is hoped that soon some mechanical device will be acquired to enable those who cannot otherwise pedal to do so. It is well worth the effort as some of these are most talented.

A girl who has recently left school was helped in her piano playing despite her spastic arm, by means of tools shaped to fit certain chords.

Several children are at present preparing for festivals and examinations.

Singing

Individual singing lessons have just begun with five children. As well as being helpful to the children concerned, this should also lead to an improvement in the Choir.

Theory of Music

The interest in 'written' music is surprisingly great, real enthusiasm being shown. The knowledge gained has been put to practical use since all who learn theory (thirty at present) either play an instrument, sing in the Choir, or both.

The tape recorder has been found invaluable when having to teach two groups at once, as two different lessons can proceed at the same time. This, together with using methods particularly suited to these children, has brought about encouraging results.

Worthy of special mention is the girl who has passed Grades I, III and V (Trinity College Examinations) in the space of one year.

General Comments

It will be noted that stress is laid upon 'doing' rather than upon

learning only. This is done in two main ways:

Examinations. The taking of examinations gives the children a real incentive and gives them, too, a feeling of confidence which many of them so badly need, for they see that they can do as well as normal children and sometimes better. They enjoy preparing for examina-

tions, whether practical or theoretical, and are encouraged by their successes to further advancement. At present, seventeen children are preparing for examinations of one sort or another.

Performance. The children are taught to realise the importance of giving joy to others through their music and of being able to give joy to themselves, especially when on their own, as many are, for long periods.

We believe that music has had a beneficial and uplifting effect on most of those who have taken part in any of its several activities.

Its therapeutic value in cases of physical handicap is of undoubted importance.

3. Country Dancing

Dancing was introduced in the School with three main aims in mind:

- (a) Musical to provide the opportunity for the apprehension and expression of music and the development of a sense of rhythm.
- (b) Physical therapeutic value, involving the exercise of arms and legs and, in the simpler stages, other parts of the body.
- (c) Its value as a form of social training.

The youngest children have been introduced to the subject through 'movement to music' (including the Schools Broadcast Programme), mostly of a free nature, to encourage freedom of movement and relaxation of muscular tension, where possible as an introduction to the steps of English Country Dancing, walking, running and skipping. The next stage was the learning of English Folk Dances beginning with the simpler ones and for the oldest children the more modern Country Dance of the 'barn' type. Most success has been obtained with the slower dances and in many cases steps have had to be modified, e.g., substitution of the walking step for the skipping step, and dances suitably modified. Experiments carried out in adjusting the music to the capabilities of the children, i.e., slowing down of the music, were not successful.

All children who can move have been encouraged to participate in dancing, and in many cases children have increased their self-confidence through a feeling of achievement. Balance and bodily control in dancing are improved through individual effort and also by the use of a partner or formation in the set.

A natural relationship between boys and girls through the medium of dancing has been fostered. Other schools have been invited to 'Dance Parties', and selected groups have given displays to parents."

BASKERVILLE SCHOOL

Dr. Carey Smallwood reports:—

"The only new feature of the work at Baskerville School in the last year has been the admission of a group of non-rheumatic children.

The steady decline in the incidence of active rheumatism is, I think, maintained and reflected in the admissions of new cases. The use of prophylactic penicillin during the time that children are in the school and its continued use after they return home has virtually stopped all rheumatic exacerbations so that re-admission of rheumatic children to Baskerville no longer occurs."

MARTINEAU HOUSE, BOGNOR REGIS

During 1959 parties, consisting in the main of 24 children from Special Schools of various types, visited the school for periods of 14 days.

In accordance with established practice, each group was accompanied by a teacher from the visiting school who was able to assist the residential teacher in charge.

The school provides a valuable contribution to the physical and educational welfare of the handicapped pupils.

It is a pleasure to acknowledge the attention given by the Matron and the interest shown by the visiting Medical Officer, Dr. D. D. Hay.

CEREBRAL PALSY

The arrangements for the ascertainment and care of the children suffering from cerebral palsy, outlined in previous reports, have been continued.

Through the courtesy of the Midland Spastic Association, the following statistics relating to children as at 31st December, 1959, can be given.

Under 5 Years Day Cerebral Palsy School Normal Nursery School Hospital		• •		• •	• •	2 7 1
At Home: Out-patient treatment No treatment	••	• •	• •	• •		21 20 — 51

5 to 15 Years Day Provision: 31 Cerebral Palsy School 66 Physically Handicapped School 11 Deaf School 1 Open-Air School 0 E.S.N. School 88 Normal School 4 Home Tuition 22 Occupation Centre 11 Home Training Residential Provision: Cerebral Palsy School Physically Handicapped School 3 Open-Air School 2 Hospital School 21 M.D. Institution ... At Home: Educable — awaiting placement Ineducable 28 305 Over 15 Years Still Being Educated: Normal School ... 4 Physically Handicapped School 10 E.S.N. School 4 Open-Air School 1 19

A large proportion of the pupils at Carlson House are maintained by the Birmingham Education Authority and a School Medical Officer and a School Nurse visit the school regularly.

The British Council for the Welfare of Spastics, continuing with its policy, arranged a Conference on the "Spatial Difficulties associated with Cerebral Palsy." This was held at the Institute of Child Health, London, on 27th June, 1959. An invitation to attend was extended to the Principal School Medical Officer who was pleased to accept.

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

During the year 1959 the Specials Schools of the city have again been visited by officers of the Youth Employment Branch for the purpose of giving vocational guidance to those boys and girls due to leave. Help has also been given, where necessary, in placing the boys and girls in suitable employment.

The position that had arisen during 1958 which made it more difficult for Special School leavers to obtain employment persisted into 1959 until the latter half of the year when the general position eased.

The attention of disabled boys and girls has been drawn to the facilities provided for them by the Ministry of Labour and in many cases these facilities have been used.

An analysis of those on the Disabled Persons' Register at the end of 1958 and of additions to the Register in 1959 is attached. The number of boys registering as disabled increased considerably during the year, from 35 in 1958 to 64 in 1959, while the number of girls registering showed a slight increase from 41 to 50. The number of epileptics registering during the year showed an increase of 9 over the previous year, and the figure for defects of eyes and ears also increased from 16 to 24. Other groups showed no significant change though there was a slight increase in many of them.

SPECIAL SERVICES AFTER-CARE SUB-COMMITTEE

During 1959 the After-Care Sub-Committee continued to be responsible for the visiting in their homes of those who left the city's schools for educationally subnormal children and a few children from other special schools. In addition children excluded from attendance in school are visited, and, in suitable cases training in occupation centres or home 'teaching' is arranged for them. The Sub-Committee act as agents of the Health Committee in the visiting of the younger children and the school leavers reported to the local authority as in need of further care. The other ex-pupils of special schools are visited on a voluntary basis on behalf of the Education Committee.

Numbers Under Supervision

In 1959 the total number under supervision was 1,802. There were 234 new cases during the year. This total was made up from 56 children excluded from attendance at school; 24 school leavers referred for statutory supervision; and 154 leavers referred for voluntary supervision. The present policy of the Sub-Committee is to consider for discharge or transfer to the Health Committee all the young people between 18—21 years. This has resulted in a reduction of the total number to be visited.

DISABLED PERSONS REGISTER

ns	Total	rv ∞ rv Cl	t	w	6 16 7	76
New Registrations During 1958	Girls	₩ ₩ ₩	21-25	7	40 K	41
Ne	Boys	c. 4 t-	1 0401	-	27.4	35
ster	Total	988 9	26 4 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	13 46 6	199
Number on Register at 31.12.58	Girls	4 O W 4	13 3 5 -	6	23	95
N	Boys	10 10 2	14 1884	₹0 ←	23	104
suo	Total	10 8 4 9	1 4 9 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	9	7 24 10	114
New Registrations During 1959	Girls	7 - 1 0 3	11 20001		2 12 5	50
Ž	Boys	0004	E 408 T	9	5 22	64
		SURGICAL: Amputation of one or both limbs Injuries and diseases of trunk or limbs Spine injuries and diseases (not T.B.) Tuberculosis — Surgical	MEDICAL: Arthritis and Rheumatism Diseases of Heart and Circulatory System Diseases of Skin, Genito-Urinary and Respiratory System (not T.B.) Epilepsy Other Organic Nervous diseases Tuberculosis — Pulmonary Diseases of Digestive System	PSYCHIATRIC: Imperfect development of the Mind Other Mental and Nervous disorders	Oтнекs: Congenital Malformation Defects of eyes and ears	TOTALS

Occupation and Industrial Centres

At the end of 1959 there were 425 mentally handicapped children and adults attending the centres; some of the senior young people on a part-time basis. There are seven centres for juniors of both sexes aged between five and fifteen years; two centres for senior boys; one centre for senior girls and young women. The premises were the same as in 1958, and, unfortunately there were still waiting lists for places at most of the centres.

Training at Home

65 children and young people received teaching at home for approximately one hour each week from four occupational teachers. Some of these children are too severely handicapped to attend a centre even with special transport; some are awaiting a place in a centre.

Holidays

Two groups of senior boys and one group from a junior centre spent a week each at Windmill House, Weatheroak, during the year. A party of senior girls went to the seaside for the second year, and for the first time some children from a junior centre went to the sea. The cost of both these holidays was divided between the parents and a grant from the Health Committee.

Visiting

Home visiting and the giving of advice and help in many problems of employment, training and personal relationships was carried on by a staff of five After-Care Visitors as in previous years. With the reduction in the numbers under supervision progress was made towards the achievement of more frequent visits, especially to the younger people, and the maintaining of closer contact with the families.

Close co-operation continued between the After-Care staff and officers of the Health Committee. Valuable help was afforded to the staff during the year by officers in other departments of the city, and from social workers and other members of voluntary associations.

MEDICAL INSPECTION AND TREATMENT Return for the Year Ended 31st December, 1959

Number of pupils on registers of maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools) in January 1960, as in Forms 7, 7M and 7N Schools 184,255

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

		Pi	hysical Condition o	of Pupils Ins	pected		
Age Groups	Number of	SATIS	FACTORY	Unsatisfactory			
Inspected By Year of Birth)	Pupils Inspected	Number	% of Column 2	Number	% of Column 2		
(1)	(2)	(3)	(4)	(5)	(6)		
1955 and later	1,802	1,750	97.11	52	2.89		
1954	6,613	6,483	98.03	130	1.97		
1953	6,298	6,102	96.88	196	3.12		
1952	2,431	2,366	97.32	65	2.68		
1951	777	756	97.29	21	2.71		
1950	449	438	97.55	11	2.45		
1949	3,755	3,718	99.01	37	0.99		
1948	9,976	9,777	98.00	199	2.00		
1947	4,087	4,001	97.89	86	2.11		
1946	582	570	97.93	12	2.07		
1945	3,959	3,912	98.81	47	1.19		
1944 and earlier	13,886	13,640	98.22	246	1.78		
Total	54,615	53,513	97.96	1,102	2.04		

TABLE B — Pupils Found to Require Treatment at Periodic Medical Inspections (INCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

	roups Ins Year of B (1)			For Defective Vision (Excluding Squint) (2)	For any of the Other Conditions Recorded in Part II (3)	Total Individual Pupil (4)
1955 and	d later			21	459	459
1954				140	1,550	1,639
1953				229	1,621	1,749
1952				135	695	765
1951				65	223	263
1950				52	133	162
I949				449	778	1,123
1948				1,231	2,144	3,098
1947				508	871	1,252
1946				94	132	202
1945				594	830	1,283
1944 an	d earlier			2,284	2,674	4,435
		Тота	L	5,802	12,110	16,430

I ABLE C — OTHER INSPECTIONS									
Number of Special Inspections								19,751	
Number of Re-Inspections								15,603	

TOTAL .. 35,354

TABLE C OTHER INCRESTIONS

Table D — Infestation with Vermin

(a)	Total number of examinations of pupils by school nurses or other	
	authorised persons	335,085
(b)	Total number of individual pupils found to be infested	15,337
(c)	Number of individual pupils in respect of whom cleansing notices were	
	issued (Section 54(2), Education Act, 1944)	2,392
(d)	Number of individual pupils in respect of whom cleansing orders were	
	issued (Section 54(3), Education Act, 1944)	2,054

PART II
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

Table A — Periodic Inspections

		Periodic Inspections							
Defeat		Enti	rants	Lea	vers	Otl	iers	To	tal
Defect Code No. (1)	Defect or Disease (2)	Treat- ment (3)	Observation (4)	Treat- ment (5)	Obser- vation (6)	Treat- ment (7)	Obser- vation (8)	Treat- ment (9)	Observation (10)
4	Skin	415	135	919	173	832	197	2,166	505
5	Eyes — (a) Vision (b) Squint (c) Other	528	259 148 46	2,743 231 94	375 52 148	2,527 493 139	537 95 202	5,790 1,252 328	1,171 295 396
6	Ears — (a) Hearing	127	279 220 47	81 91 121	166 114 34	90 105 115	312 169 56	238 323 307	757 503 137
7	Nose or Throat	450	1,421	305 32	307 42	633 102	830 177	1,999 284	2,558 559
8	Speech	1 11	340 195	5	28	20	98	91	321
10	Lymphatic Glands	0	223	28	195	26	245	63	663
11	T	161	508	125	211	232	420	818	1,139
12	Developmental —		300	1				,	
	(a) Hernia (b) Other		85 199	22 57	7 149	34 97	43 314	117 209	135 662
13	Orthopaedic — (a) Posture (b) Feet (c) Other	440	151 583 389	246 487 178	590 524 256	305 645 256	742 809 377	613 1,572 658	1,483 1,916 1,022
14	Nervous System — (a) Epilipsy (b) Other	27	20 46	39 14	26 51	61 40	43 94	135 91	89 191
15	Psychological — (a) Development . (b) Stability	106	95 403	9 69	58 147	40 156	335 516	86 331	488 1,066
16	Abdomen	. 27	55	18	28	40	116	85	199 889
17	Other	. 432	303	573	240	715	346	1,720	009

Defect	D.C. (D'			Special Inspections				
Code No. (1)	Defect or Disease (2)			Requiring Treatment (3)	Requiring Observation (4)			
4 5	Skin Eyes —			4,920	168			
	(a) Vision			1,199	298			
	(b) Squint			246	39			
	(c) Other			930	69			
6	Ears —							
	(a) Hearing			237	113			
	(b) Otitis Media			492	64			
_	(c) Other			311	26			
7	Nose and Throat			1,071	244			
8	Speech	• •		338	100			
9	Lymphatic Glands	• •	• •	70	40			
10 11	Heart	• •	• •	91 520	76 233			
12	Lungs Developmental —	• •	• •	520	255			
12	/ \^ TT *			51	31			
	(a) Hernia (b) Other	• •	• •	101	49			
13	Orthopaedic —		• •	101	77			
	(a) Posture			327	159			
	(b) Feet			617	163			
	(c) Other			507	142			
14	Nervous System —							
	(a) Epilepsy			50	37			
	(b) Other			77	35			
15	Psychological —							
	(a) Development			59	52			
	(b) Stability			318	193			
16	Abdomen			265	82			
17	Other			3,319	484			

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A — Eye Diseases, Defective Vision and Squint

		ki	Number of Cases nown to have been dealt with
External and other, excluding errors of Refraction and Errors of Refraction (including Squint)			1,051
	TOTAL		7,920
Number of pupils for whom spectacles were prescribed			11,502

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment:		kn	Number of Cases own to have been dealt with
(a) for Diseases of the Ear	 		364
(b) for Adenoids and Chronic Tonsillitis	 		
(c) for other Nose and Throat conditions	 		422
Received other forms of treatment	 		4,885
	Тота	L	8,424

Total number of pup	ils who are kr	10wn to h	ave be	en pro	vided v	vith hea	aring	
(a) in 1959 (b) in previous	years		• •	• •				41 300
_								
	BLE C — ORT					FECTS		
(a) Number treated (b) Number treated	in clinics or	out-patier	it depa	rtment		• •		4,908
(o) I tumber ereaced	. 40 0011001 101	i i Osturai	Delec	ι	• •	• •	• •	846
						Тота	L	5,754
	Table I	D — Dise.	ASES O	THE S	KIN			
(EXCLUDIN	ig Uncleanli					OF PA	RT I)	
							own to	of Cases have been with
Ringworm — Scalp								6
Ringworm — Body	• • • • • • • • • • • • • • • • • • • •	• •	• •	• •				15
Scabies Impetigo		• •			• •	• •		140 380
Other skin diseases		• •	• •					561
					Тота	L		012
								<u> </u>
	TABLE E —	CHILD G	UIDANO	E TREA	TMENT	•		
Number of pupils tre	eated in Child	Guidanc	e Clini	cs	• •	• •	• •	682
	Tari	е F — Spi	есн Т	HERAPY	r			
Number of pupils tre								1,039
ramber of pupils the	aced by opec	en ineraj	,	• •	••	••	• •	2,007
	TABLE G -	– OTHER	TREAT	ment (GIVEN			
(a) Miscellaneous m	inor ailments							15,519
(b) Pupils who received	ived convales	cent treati						205
(c) Pupils who received (d) Asthma Clinic				• •	• •	• •	• •	10,324 390
(e) Ultra Violet Lig	ht treatment							3,858
(f) Chiropody		• •	• •	• •	• •		• •	304
T	ABLE H — DE	NTAI ÎNSP	FCTION	r and T	Греатм	IENT		
(1) Number of pu								
	iodic inspectio							134,507
(b) as spec								18,061
•	(periodic and	specials)			• •			152,562
	*							107,382
(2) Number found			• •	• •	• •	• •	• •	94,158
(3) Number offered (4) Number actual		• •				• •		39,821
(5) Attendances ma	ade by pupils	for treatn	nent					73,122 568
(6) Half days devo				• •	• •		• •	7,828
	(b) 1.	Freatmen	ι	• •	т,	otal (6	١	8,396
					1	JIAL (U	,	
(7) Fillings: Perma	ment teeth							36,554
	orary teeth	• •						257
1					To	OTAL (7))	36,811

(8)	Number of teeth filled: Permanent teeth Temporary teeth		• •	 31,250 202
			Total (8)	 31,452
(9)	Extractions: Permanent teeth Temporary teeth		• •	 19,651 44,859
			Total (9)	 64,510
(10) (11)	Administration of general anaesthetics for extraction Orthodontics:	1		 25,989
(/	(a) Cases commenced during the year	٠.	* *	 310
	(b) Cases carried forward from previous year			 72
	(c) Cases completed during the year (d) Cases discontinued during the year		• •	 209
	(e) Pupils with appliances		• •	 684
	(f) Removable appliances fitted			 368
	(g) Fixed appliances fitted			 34
	(h) Total attendances			 4,603
(12)	Number of pupils supplied with artificial dentures			 429
(13)	Other operations: Permanent teeth			 16,103
	Temporary teeth	• •	• •	 1,491
		Г	COTAL (13)	 17,594

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS										
(a) Number treated in clinics on and and										
(b) Number treated at school for Postural Defect	is	• •	4,706 950							
()		• •	730							
Тот	AT		5,656							
	.AL	• •	3,030							
Table D — Diseases of the Skin										
(excluding Uncleanliness, for which see Table D of Part I)										
(Enceptive Civerent Encess, for which	n see Indle L									
			umber of Cases							
		KNO	wn to have been treated							
Ringworm — Scalp										
Ringworm — Body		• •	12 57							
Scabies		• •	75							
Impetigo		• •	348							
Other skin diseases		• •	6,852							
	••	• •	0,032							
Тот	AT		7,344							
101	ALL	• •	7,544							
Table E — Child Guidano	TREATMENT									
Number of pupils treated in Child Guidance Clini			714							
Transfer of papirs treated in Child Guidance Child	ics	• •	714							
TABLE F — SPEECH T	HERAPY									
Number of pupils treated by Speech Therapists	• • • • •		1,429							
Transfer of pupils treated by Specent Therapists	••	• •	1,727							
Table G — Other Treat	MENT GIVEN									
(a) Miscellaneous minor ailments			20,331							
(b) Pupils who received convalescent treatment			133							
(c) Pupils who received B.C.G. vaccination			13,043							
(d) Asthma Clinic			324							
(e) Ultra Violet Light treatment			1,848							
(f) Chiropody			348							
m 11 D 1	m .									
Table H — Dental Inspection										
(1) Number of pupils inspected by the Authorit		ficers:	4.46.000							
(a) at periodic inspections		• •	146,008							
(b) as specials	••	• •	19,663							
(c) Total (periodic and specials)	• • • • •	• •	165,671							
			110.016							
(2) Number found to require treatment	••	• •	118,016							
(3) Number offered treatment	••	• •	103,408							
(4) Number actually treated	• • • • •	• •	44,615							
(5) Attendances made by pupils for treatment	• • • • •	• •	74,645							
(6) Half-days devoted to: (a) Inspection	• • • • • •	• •	605							
(b) Treatment			7,253							
	Total (6)	• •	7,858							
			31,564							
(7) Fillings: Permanent teeth	• • • • •	• •	209							
Temporary teeth	··· ··· ···	••	31 773							
	Total (7)	•••	31,773							
			27,569							
(8) Number of teeth filled: Permanent teeth	• • • • • •		205							
Temporary teeth	Tomas (8)	• •	27 774							
	Total (8)	• •								
			23,472							
(9) Extractions: Permanent teeth	• • • • • •		54,029							
Temporary teeth	TOTAL (9)	• •	77 501							
	Total (9)	• • • •	77,301							
	the object		28,981							
(10) Administration of general anaesthetics for ex	traction	• • •								

(11)	Orthodontics: (a) Cases commenced during the year (b) Cases carried forward from previous (c) Cases completed during the year (d) Cases discontinued during the year (e) Pupils treated with appliances (f) Removable appliances fitted (g) Fixed appliances fitted (li) Total attendances	year			340 356 366 41 288 369 39 4,479
(12)	Number of pupils supplied with artificial den	tures	• •		499
(13)	Other operations: Permanent teeth Temporary teeth		• •	• •	14,857 2,020
		TOTAL (13)			16,877